

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33318

1. PLACE OF DEATH 399
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. General Hospital) St. 4255 (Ward)

2. FULL NAME Gregory Louis
 (a) Residence, No. _____ County Home St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>10</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falls City Mo

MOTHER FATHER

13. NAME Alexander Gregory 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Deidara Annett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Records Clerk
(ADDRESS) R. C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 10-31-33

19. UNDERTAKER Spink & Zuber
(ADDRESS) Linnwood & Main

20. FILED 10-30-33 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1933, to 10-28, 1933
 I last saw him alive on 10-28, 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Terminal Broncho-pneumonia Date of onset _____
107A
132B 107A
 Other contributory causes of importance: Uremia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. C. Annett, M. D.
 (Address) R. C. General Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 14 1933

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