

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 ✓
 Township 1st Primary Registration District No. 3009
 City Cape Girardeau (No. 760) Illiony St. _____ Ward _____
 File No. 15993
 Registered No. 61

2. FULL NAME

(a) Residence, No. 760 Illiony 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Floozy Kella Gregory</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 15 - 1881</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>1</u>
		DAYS
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General Labor</u>		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>CWA Wnd.</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage of Lungs.
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 Date of onset _____

Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 5-25, 1934

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. A. Moore, M.D.
Coroner (Address) _____

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	13. NAME <u>Don't know</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Don't know</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Floozy Gregory</u> <u>Cape Girardeau Mo</u>
BURIAL, CREMATION, OR REMOVAL	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairmount Cem</u> DATE <u>5-25</u> , 19 <u>34</u>
	19. UNDERTAKER (ADDRESS) <u>Herman's Funeral Home</u> <u>Cape Girardeau Mo</u>
FILED	20. FILED <u>5-25</u> , 19 <u>34</u> <u>J. M. Thompson</u> Registrar.

CAUSE OF DEATH should be carefully stated, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau No. _____ St. _____ Ward _____

2. FULL NAME Robert Charles Gregory
 (a) Residence, No. _____ 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.

File No. _____
 Registered No. 61
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__		
19. UNDERTAKER (ADDRESS)		
20. FILED _____ 19__ <u>John Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1954

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw h. _____ alive on _____, 19__. Death is said to have occurred on the date noted above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Heart of lungs
(Cause not known. No physician had attended for years)

Other contributory causes of importance: name

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. A. Moore M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH should be carefully supplied. A US-100 form should be used. If a US-100 form is not available, the cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-15993