

DEC 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County DunklinRegistration District No. 288Township 2ndPrimary Registration District No. 4172City Kennett, Mo.

(No. _____)

File No. 35664

Registered No. _____

St. _____ Ward _____

2. FULL NAME Baby Lawrence M. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

6315 (48)

day, _____ hrs.

or _____ min.

OCCUPATION

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) Mo

FATHER

13. NAME John M. Gregory

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Myrtle Haynes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) John M. Gregory, Kennett Mo Rt. 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marion DATE 10-16 193419. UNDERTAKER (ADDRESS) County20. FILED Nov 3, 1934 Shuler Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 193422. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct 16 1934I last saw him 52 alive on Oct 16 1934 Death is saidto have occurred on the date stated above, at 5:45 am.

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

Lobar PneumoniaDate of onset 10/1/34

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Cran Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 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. L. Long(Address) Kennett Mo.

M. D.

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 PEANUT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

