

NOV 21 1935

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

Do not use this space.

32916

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No.)

Registration District No. 199
Primary Registration District No. 199
Research Hospital

File No.
Registered No.
St. 30 Ward

2. FULL NAME

James D. Gregory

(a) Residence, No. 1107 West 40th St., 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura Gregory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tower Operator for Burlington R.R.
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. 43yr

12. BIRTHPLACE (CITY OR TOWN) Beloit
(STATE OR COUNTRY) Kansas

13. NAME Robert Gregory

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

15. MAIDEN NAME Delila Chenowith

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

17. INFORMANT Mrs. Laura Gregory
(ADDRESS) 1107 West 70th

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Ill DATE Nov. 2 1935

19. UNDERTAKER R. V. Lindsay & Sons
(ADDRESS) 3811 Bway, K.C. Mo.

20. FILED 10-30 1935 M. M. Crowe, cash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1935, to Oct 29, 1935

I last saw him alive on Oct 29, 1935 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Rupture of Heart Date of onset 5:40 P.M.

Other contributory causes of importance:

Coronary Thrombosis

Name of operation Date of
What test confirmed diagnosis? clinical 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? no
If so, specify

(Signed) Orval P. Kuyate, M. D.
(Address) 1010 Ruz Road K.C. Mo

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

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.

D. C. P. Hengate
1:00 - 4:00 P.M.

Professional
Bldg