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.

MAR 21 1936

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

Do not use this space.

6118

1. PLACE OF DEATH
County Jackson — Registration District No. 3 — File No. 936
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 1808 East 36th St. Ward)

2. FULL NAME Floy Lorene Gregg
(a) Residence, No. 1808 East 36th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Walter Gregg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1889
7. AGE: YEARS 46 — MONTHS 10 — DAYS 25 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): No record Missouri

FATHER
13. NAME: J. E. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Illinois

MOTHER
15. MAIDEN NAME: Mary Elizabeth England
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Missouri

17. INFORMANT (ADDRESS): Mrs. Ethel Lowry 1808 East 36th St., Kansas City, Mo
18. ~~BURIAL, CREMATION, OR REMOVAL~~ Burial
PLACE Lineville, Iowa DATE Feby. 23, 1936
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED 2-22 1936 M. M. Crowe Ent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1934, to Feb. 21, 1936
I last saw her alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of both ovaries	
49	

Other contributory causes of importance:

Name of operation Ovariotomy (2 opr) Date of 1933 1930
What test confirmed diagnosis? microscope Where an autopsy? no

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. M. Frankenburger M. D.
(Address) 824 Pratt Bldg

Rialto
Ma 3154