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.

APR 24 1936

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

Do not use this space.

12026

1. PLACE OF DEATH

County Ralls — Registration District No. 727 — File No. 8

Township Saltriver — Primary Registration District No. 5959 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Emma Lorena 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 67 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	4	

OCCUPATION

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

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) Ralls Co

FATHER

13. NAME ~~Emma~~ John Smith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

MOTHER

15. MAIDEN NAME Emma F Coontz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

17. INFORMANT (ADDRESS) Beva Baily Perry Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olive Cemetery DATE March 23 1936

19. UNDERTAKER (ADDRESS) Will H Couch Center Mo

20. FILED Mch 22, 1936 Geo A Rosella Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1936, to ~~Fe~~ Mar 21, 1936

I last saw her alive on Feb 23, 1936. Death is said to have occurred on the date stated above, at 7:35 p.m.

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

	Date of onset
Pernicious Anemia [illegible]	
19/A	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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 ....., 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) John E Brown, M. D.

(Address) Perry Mo