

JUL 20 1936

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

Do not use this space.

21991

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 192
St. Ward)

2. FULL NAME

Laura Gregory
(a) Residence, No. 119 Lexington Rd 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luther E Gregory</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-2-1881</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr, 1936 to May 27, 1936.
I last saw her alive on 6-27, 1936. Death is said to have occurred on the date stated above, at 1:42 m.

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

Chronic Brights disease and w/ slow paralysis of short duration

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 _____, 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) F. B. Williamson, M. D.
(Address) Columbia Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Thomas H. Booth</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Jane Duen</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT (ADDRESS) <u>Mrs. H. E. Brown Columbia, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Midway</u> DATE <u>6-29</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Parley Permittie Co Columbia Mo.</u>	
20. FILED <u>6/29/1936</u> <u>Allice Selley</u> Registrar.	

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.

MARGIN RESERVED FOR BINNING

V.S. NO. 2
20M-2-19-36
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