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.

AUG 18 1936

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

Do not use this space.

25945

File No.

Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No.: 198

Township: Fishing River — Primary Registration District No.: 3011

City: Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME: GREGORY, Clyde U.

(a) Residence, No.: Veterans Administration Facility St., Ward. Corner Walnut & Vine Sts.

(Usual place of abode): Excelsior Springs, Mo. (If nonresident, give city or town and State): Berkeley, California

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 13 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1900

7. AGE: Years 35 — Months 7 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon

FATHER

13. NAME: William F. Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Alice E. Udell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE: National Cemetery DATE: 7-28-36, 19

Ft. Leavenworth, Ks.

19. UNDERTAKER (ADDRESS): John C. Frather, Excelsior Springs, Mo.

20. FILED: 7-30-, 19 36 Mrs Ria McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936, 19, to July 25, 1936, 19

I last saw him alive on July 25, 1936, 19. Death is said to have occurred on the date stated above, at 4:26 m. A.M.

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

	Date of onset
Bronchogenic carcinoma of left lung with pleural metastasis	?
Other contributory causes of importance:	

47

Name of operation: none — Date of: ——

What test confirmed diagnosis? Exam&Obs — Was there an autopsy? Yes

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

Accident, suicide, or homicide? no — 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) JOSEPH DAUKSYS, MD, Act. Clin. Dir., M. D.

(Address) Veterans Administration Facility, Excelsior Springs, Missouri