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.

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

SEP 29 1936

1. Do not use this space.

31997

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township — Primary Registration District No. 4472 — Registered No. 50
City Bolivar (No. ..... St. ..... Ward)

2. FULL NAME Matilda Gregg.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Charles Gregg.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1865
7. AGE YEARS 71 MONTHS 2 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
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) Ohio.

FATHER
13. NAME James Mills.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Elizabeth Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Mrs. G. W. Williams Jone Jane, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Sept. 1, 1936
19. UNDERTAKER (ADDRESS) White and Erwin Funeral Home Bolivar, Mo.
20. FILED Sept 1, 1936 J. F. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1936
22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ a few minutes once, ~~19..~~
I last saw her alive on 1935, ~~19..~~ Death is said to have occurred on the date stated above, at 3:12 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	15 yrs
Cause Unknown	ago

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? .....
If so, specify .....
(Signed) J. H. Bridges, M. D.
(Address) .....