

SEP 29 1936

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

Do not use this space.

32200

1. PLACE OF DEATH

 County Kirkwood, Mo. Registration District No. 785 File No. _____
 Township Central Primary Registration District No. 3037 Registered No. 95
 City Kirkwood (No. _____) St. Agnes Home St. _____ Ward _____

2. FULL NAME

Miss Helen Gregg

 (a) Residence, No. Kirkwood, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 26 - 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 9 9

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)13. NAME Harris Hibbard Gregg14. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)17. INFORMANT Marian Gregg King
(ADDRESS) St. Louis Country Club18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine, Mo. DATE 8-7-3619. UNDERTAKER Henry Lechner
(ADDRESS) 1417 The Market St.20. FILED 8-6-36 19 36 Agnes C Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5th. 1936
 22. I HEREBY CERTIFY, That I attended deceased from July 17th 1936 to August 5th 1936
 I last saw her alive on August 5th 1936. Death is said to have occurred on the date stated above, at 1:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Embolism Date of onset 8/5/36

Other contributory causes of importance:

Submucous edema
Chronic
Metastatic valvular disease
Arteriosclerosis
Cardio-vascular renal disease

 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) W. F. Owsley M. D.
 (Address) Webster, Mo.

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.

132 W. Washington