NOV 23 1936

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No. 37272
Township — Primary Registration District No. 4173 — Registered No. 52
City Malden (No. , St. Ward)

2. FULL NAME John S. Gregory
(a) Residence, No. St. Ward. Malden, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Annie Gregory
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1853
7. AGE YEARS 83 MONTHS 6 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) Jan 1921
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pope Co. Ill

FATHER
13. NAME Uhle Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Boyd Gregory Malden Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 10-3 1936
19. UNDERTAKER (ADDRESS) W. L. Craig Malden Mo.
20. FILED 10-2 1936 S. O. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2- 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936 to Oct 2 1936
I last saw h. alive on Oct 2 1936 Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:
Locked Bowell Resulting from internal injuries — Date of onset Sept 25
Other contributory causes of importance: Fell out of Door down steps. fracturing pelvis and coming internal injuries
Name of operation none Date of
What test confirmed diagnosis? Hvy. Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 25 1936
Where did injury occur? Home County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury fell out of stairs.
Nature of injury Fall
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gregory Cadstam M.D.
(Address) Malden

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.

P.C.