

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County **Schuyler** Registration District No. **806** File No. **24986**
Township **Prarie-** Primary Registration District No. **44ES** Registered No. _____
City **Queen City Mo.** (No. _____) St. _____ Ward _____

2. FULL NAME **Lucinda Gregory**

(a) Residence, No. _____ St. _____ Ward _____
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James W. Gregory (deceased)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 26th 1849**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
30 87 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
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 **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Schuyler Co., Mo.**

13. NAME **John McCULLY**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

15. MAIDEN NAME **Mary Littsell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT **From family Records**
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Queen City Cem-** DATE **May 18 1937**

19. UNDERTAKER **William N. West**
(ADDRESS) **Queen City Mo.**

20. FILED **5/17 1937** **J. J. Jones** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-17-1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 11 1937** to **May 17 1937**

I last seen alive on **May 15 1937** Death is said

to have occurred on the date stated above, at **12:30 a.m.**

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

Arteriosclerosis of Arteries Date of onset _____
Brain Hemorrhage _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? **B.P. 200** 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 **3**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **O. P. Lynn** A. D. O.
(Signed) **Queen City Mo**
(Address) _____

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Schuyler
Township
City Green City, Mo. (No. 210)

Registration District No. 806
Primary Registration District No. 4485

File No. 24986
Registered No. _____
St. _____ Ward _____

2. FULL NAME Leticia Gregory

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

James W Gregory (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 22

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

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) Schuyler Mo

FATHER 13. NAME John McCullough

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

MOTHER 15. MAIDEN NAME Mary Laddell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) from family records

18. BURIAL, CREMATION, OR REMOVAL PLACE Green City Cem. DATE May 18 1937

19. UNDERTAKER William N. West (ADDRESS) Green City Mo

20. FILED 5-17 1937 J.T. Jones Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11 to May 17, 1937

I last saw him alive on May 15, 1937 Death is said

to have occurred on the date stated above, at 12:30 m.

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

arteriosclerosis Date of onset two years

Other contributory causes of importance:

Brain Hemorrhage May 11

Name of operation B.P. 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) P.P. Brown M. D.

(Address) Green City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 GREEN CITY, MISSOURI

24986