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.

5 AUG 25 1937
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. 27574
Registered No. 77

2. FULL NAME Virginia Lee 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

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) Jan. 8 - 1934
7. AGE YEARS 3 MONTHS 5 DAYS 23. If LESS than 1 day, ... hrs. or ..... min.

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.
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) Henry Co Mo

FATHER
13. NAME Paul Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

MOTHER
15. MAIDEN NAME Effie Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan

17. INFORMANT (ADDRESS) Paul Gregory - Leeton - Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carsville Cem DATE July 2 - 1937
19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg, Mo
20. FILED July 2 1937 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937, to July 1 - 1937
I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

Strychnine Poisoning (Following injection of 90 Hinkle pills)

Date of onset June 30

Other contributory causes of importance:

179

Name of operation ..... Date of .....
What test confirmed diagnosis? physicist 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 June 30 1937
Where did injury occur? Chilhowee Twp. Johnson Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Ate 90 Hinkle Pills
Nature of injury Strychnine Poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. F. McKinney, M. D.
(Address) Warrensburg Mo