AUG 27 1937

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

Do not use this space.

27968

1. PLACE OF DEATH
County: Oregon
Township:
City: Thayer (No. , St. Ward)

Registration District No. 632
Primary Registration District No. 4382

File No.
Registered No. 39

2. FULL NAME: James O 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: M
4. COLOR OR RACE: W
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): Sep. 19 1935

7. AGE: Years 1 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Thayer Mo.

FATHER
13. NAME: Lee Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains Mo.

MOTHER
15. MAIDEN NAME: Zella Lovrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Myrtle Mo.

17. INFORMANT (ADDRESS): Lee Gregory Thayer Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Thayer DATE: 8/1-37 19

19. UNDERTAKER (ADDRESS): Lee Cure Thayer Mo.

20. FILED 8-1 1937 George Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-30-1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to July 30 1937
I last saw him alive on July 30 1937. Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tonsitis Vincentia	July 27
Hydrocephalus	

Other contributory causes of importance:
Syd 1/1 B

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) R. W. Cooper, M. D.
(Address) Thayer 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.

WRITE PLAINLY WITH INK. DO NOT FOLD. X9314