

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County ShannonRegistration District No. 824Township W. EmmeusePrimary Registration District No. 6076City W. Emmeuse (No.)File No. 42613

Registered No.

St. Ward)

2. FULL NAME

(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)

Single

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

Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-24-1870

7. AGE

YEARS

MONTHS

DAYS

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.

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)

Franklin Co

FATHER

13. NAME

Lexander Gregory

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

Ohio

MOTHER

15. MAIDEN NAME

Martha E Beele

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

Franklin Co.

17. INFORMANT (ADDRESS)

John Gregory

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Alley No. 11-4

19. UNDERTAKER (ADDRESS)

F. B. Smith

20. FILED

11-4-1937 W. E. Gregory Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Failed to death by secondary or traumatic means by the hands of murderer

Date of onset

Other contributory causes of importance:

Name of operation Date of 11/27What test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 11-20-1937Where did injury occur? Alley, No. 11-4 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot wound thru

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Gregory M. D.(Address) W. E. Gregory, No. 11-4

