

**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. 288
 Township Independence Primary Registration District No. 5406
 City Summit (No. _____) St. _____ Ward _____

2. FULL NAME Boby Mc Gregor 262
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** infant
 (write the word)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-38

7. AGE YEARS MONTHS DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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) Summit MO (STATE OR COUNTRY)

13. NAME John Mc Gregor

14. BIRTHPLACE (CITY OR TOWN) Bellingham CO MO (STATE OR COUNTRY)

15. MAIDEN NAME Myrtle Wagner

16. BIRTHPLACE (CITY OR TOWN) Bellingham CO MO (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John Mc Gregor

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hazel Grant yard DATE Jan 25 1938

19. UNDERTAKER (ADDRESS) none

20. FILED 2-1 1938 Wheeler Dove Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1938

I HEREBY CERTIFY, That I attended deceased from Jan 22 1938 to Jan 24 1938

I last saw her alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:
Hemorrhage from umbilical cord Rate of onset _____

Other contributory causes of importance:
umbilical cord hemorrhage between the tie and the belly on Jan 24

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? 3
 If so, specify _____
 (Signed) George Kimmel D.D. M.D.
 (Address) Summit MO

Every record of information submitted to be carefully supervised. A fee amount of \$2.00 is charged for each record. PHYSICIAN'S SIGNATURE REQUIRED. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35

P.R.

21

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS -
MO. STATE BOARD OF HEALTH