

1938 OCT 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pertusa
Township Union
City (No. _____) _____ St. _____ Ward _____

Registration District No. 718
Primary Registration District No. 5947

File No. 33092
Registered No. 35

2. FULL NAME

Hattie Greggers 625
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Greggers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11-1870</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar 1921</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Java</u>		
MOTHER FATHER	13. NAME <u>Henry Corey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maritta Ohio</u>	
	15. MAIDEN NAME <u>Parley Wright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>V. D. Greggers Unionville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville Mo</u> DATE <u>Sept 19 38</u>		
19. UNDERTAKER (ADDRESS) <u>Courtsch MacCo Unionville Mo</u>		
20. FILED <u>Sept 19 1938</u> <u>W. W. Gillum</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1938 to Sept 18 1938
I last saw him alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 1240A St.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Date of onset 9/15/38)
Paralysis Agitans 1919

Other contributory causes of importance:
108

Name of operation None Date of _____
What test confirmed diagnosis Chest Was there an autopsy No

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? no
If so, specify W. W. Gillum
(Signed) _____, M. D.
(Address) Unionville Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-337

Date Filed 10-6-38