DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22708

State File No.

Registration District No. 567 Primary Registration District No. 4334 Registrar's No. 45

1. PLACE OF DEATH:
(a) County Mississippi Co
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 42 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miss
(c) City or town East Prairie
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1939 years.

3. (a) PRINT FULL NAME SYLEVESTER GRIGERY 666
3. (b) If veteran, name war Yes World's War
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Mae Grigery
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 22 (Day) 1892 (Year)

8. AGE: Years 47 Months Days 4 If less than one day hr. min.

9. Birthplace Wyatt, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business 6
FATHER
12. Name William Gregory
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Belle Berry
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Maggie Mae Grigery
(b) Address East Prairie, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Travis N. Shelly
(b) Address East Prairie Mo.
19. (a) July 7 1939 (Date received local registrar) (b) Mrs. D. M. Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year hour minute 1 P M.
21. I hereby certify that I attended the deceased from Mch, 1938 to June 26, 1939 that I last saw him alive on June 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Lung
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 3
Major findings:
Of operations
Of autopsy

Duration: 4 or 5 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. Martin (M. D. ~~or other~~) 877
Address E Prairie Date signed 7/5/39

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 2,
District File Number 739-2
Date Filed 7-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Travis N. Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.