Dr. Toennies

REC'D SEP 6 1939

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

29092
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin — Registration District No. 297

(b) Township — Primary Registration District No. 3016 — Registered No. 78

(c) City Washington, Mo. — (d) Street No. 25 East Fourth St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 25 yrs. 1 mos. 13 ds. — (f) How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

2. PRINT FULL NAME Lorraine Selma Gregory

(a) Residence, No. 25 East Fourth St., Washington, Mo. St. ☐ ✓
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	25	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as 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) Washington Missouri 0

FATHER

13. NAME Joseph B. Gregory 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri 0

MOTHER

15. MAIDEN NAME Mollie B. Phillips

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

17. INFORMANT (ADDRESS) Joseph B. Gregory Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Aug. 18- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co., Washington, Missouri.

20. FILED Aug. 16- 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1939

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1939, to August 15, 1939

I last saw her alive on August 15, 1939. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

	Date of onset
Tuberculosis of the intestines and peritoneum	Dec 20 1938
Other contributory causes of importance: Secondary anemia	Dec 20 1938

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) Dr. C. H. G. Toennies D.C. ~~M.D.~~

(Address) 219 Lafayette St. Washington, Mo.

(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.

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.....

Licensed Embalmer No. 2464

P. O. Address Washington

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

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