

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

10461
Do not use this space.

1. PLACE OF DEATH
 (a) County Collaway Registration District No. 104
 (b) Township Fulton Primary Registration District No. 3008-1 Registered No. 70
 (c) City Fulton or State Hosp #1 (d) Street No. 626 John William Gregory St.
 (II 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 2 yrs 10 mos 18 ds (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Gregory
 (a) Residence, No. Marshall Ave (Usual place of abode, if no street address, write county or city) SO (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 80 4 — —

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Fulton Mo

FATHER
 13. NAME Edmond Gregory
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Malinda Hochaday
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DRG

17. INFORMANT (ADDRESS) State Hosp. #1 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL Marble Cemetery Mar 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Bell Fulton Mo

20. FILED Mar. 6 1940 R. N. Creeve Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1940, to March 2, 1940
 I last saw h. s. alive on 3/2, 1940 Death is said to have occurred on the date stated above, at 6:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset

Other contributory causes of importance:
General arterio sclerosis

Name of operation Chol. Stool 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? no Date of injury
 Where did injury occur? no (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) Joseph Thomas, M. D.
 (Address) State Hospital No. 1 Fulton Mo

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.....

Eli Beale

Licensed Embalmer No.....

2130

P. O. Address.....

Fulton MO

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

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