

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

Do not use this space.

1261

1. PLACE OF DEATH

County Henry
Township Clinton
City near Clinton (No.)

Registration District No. 347
Primary Registration District No. 5488

File No.
Registered No. 4
St. Ward)

2. FULL NAME Merritt F Gregory

(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Gregory

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 4³ 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hartford
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Aron A Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ring
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Bertha Ruby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ring
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs Merritt Gregory
(Address) Clinton Mo

15. FILED Jan 3 1929 Dr. E. C. Peeler
REGISTRAR per Dr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1928, to Jan 2nd, 1929 that I last saw him alive on Jan 2nd, 1929, and that death occurred, on the date stated above, at 11 a m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar
Pneumonia

CONTRIBUTOR (SECONDARY) Influenza and Mitral
fever (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Dr. E. C. Peeler, M. D.
, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL 1/4 1929

20. UNDERTAKER Spore + Son ADDRESS Clinton Mo

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. WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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