

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

Do not use this space.

9622

1. PLACE OF DEATH

4. County Henry Registration District No. 347 File No. _____
 Townshp. North-City Primary Registration District No. 30187210 Registered No. 45
 City Irish (No. _____) St. _____ Ward _____

2. FULL NAME

Margaret A. Gregory
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Widow

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

Dec 15 - 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	3	10	

8. OCCUPATION OF DECEASED

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

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

Virginia

10. NAME OF FATHER

Geo. E. Eshart

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

Virginia

12. MAIDEN NAME OF MOTHER

Matilda William

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

Virginia

14. INFORMANT

Oliver E. Douglas
 (Address) Irish Missouri

15. FILED

3/30, 1931 Ed C. Peeler
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 25 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1931, to Mar 25, 1931, that I last saw her alive on March 25, 1931, and that death occurred, on the date stated above, at 8 12 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

at place of death

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical signs
 (Signed) R. E. Smith, M. D.

, 19 (Address) Irish 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

Mullen Cemetery

DATE OF BURIAL

3-26 1931

20. UNDERTAKER

R. E. Smith

ADDRESS

Irish 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.

APR 23 1931

