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

Do not use this space.

27117

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Fairmount-Highland, ... St. ..... Ward)

Registration District No. 898
Primary Registration District No. 6554

File No.
Registered No. 240

2. FULL NAME Thomas Gregg, Jr.
(a) Residence. No. 10th & Scott St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1925

7. AGE: Years 2 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) 10th & Scott
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas Gregg.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) K.C. Kans.
(STATE OR COUNTRY) Kansass
12. MAIDEN NAME OF MOTHER Florence Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) K.C. Mo.
(STATE OR COUNTRY) Missouri

14. INFORMANT Thomas Gregg
(Address) Fairmount, Mo.

15. FILED Sep 13 1927 L. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 12, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 11-7 am, 1927, to Sept 11-1 pm, 1927 that I last saw him alive on Sept 11, 1927, and that death occurred, on the date stated above, at 1 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Encephalitis
108
78B (duration) 12 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 3 ds.

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

D DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

Sept 11, 1927 (Signed) Darwin Delap, M. D
(Address) K C 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 Mt. Saint Mary's | DATE OF BURIAL 9-13 1927.

20. UNDERTAKER E. R. Carson & Son | ADDRESS Independence 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.