

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

Do not use this space.

**1565**

**1. PLACE OF DEATH**

County Jasper  
Township Gretna  
City Jasper

Registration District No. 410  
Primary Registration District No. 4243

File No. ....  
Registered No. 4  
St. .... Ward)

**2. FULL NAME** Mary Jane Gregham

(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**

**3. SEX**

F

**4. COLOR OR RACE**

W

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

Widowed

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

L. D. Gregham

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

June 15 1869

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>6</u>	<u>29</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewiping  
(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) Indiana

**10. NAME OF FATHER**

Jack Miller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**12. MAIDEN NAME OF MOTHER**

Haskell Pleasant

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**14. INFORMANT**

Mrs. Willis Carver  
(Address) Jasper Mo

**15. FILED**

1-10 1930 D. A. Holmes

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1/14 1930

**17. I HEREBY CERTIFY**, That I attended deceased from 1/2 1930, to 1/14 1930, that I last saw h. 2 alive on 1/14 1930, and that death occurred, on the date stated above, at 3 P.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valvular disease heart - 92A  
106B

**CONTRIBUTORY (SECONDARY)**

Chronic Bronchitis  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**18. DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Hendricks, M. D.

, 19 (Address) Jasper 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**

**DATE OF BURIAL**

Paradise Cem Jan 17 1930  
**20. UNDERTAKER** ADDRESS  
Tetter Bros Jasper 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.

1930  
1-6-30

