

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

Do not use this space.

27079

1. PLACE OF DEATH

88 County Randolph Registration District No. 735
6 Township..... Primary Registration District No. 3034
8 City Moberly (No. 714 West End)

File No.....
Registered No. 50
Bl Ward

2. FULL NAME

Arthur A. Gregory
(a) Residence, No. 714 West End Bl Ward (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mo 1

FATHER 13. NAME John Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

MOTHER 15. MAIDEN NAME Gunkelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 3/1

17. INFORMANT Mrs Maudie Gregory
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macar DATE Aug 8th 1932

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly Mo

20. FILED 8/8 1932 Thos. S. Fleming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from about Aug 11, 1932, to Aug 6, 1932

I last saw him alive on Aug 6, 1932. Death is said to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of importance were as follows:

Bright's Disease Date of onset

Other contributory causes of importance:

Name of operation..... 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?..... Date of injury....., 19.....

Where did injury occur?..... (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?.....

If so, specify MBH (Signed) M. D.

(Address).....

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.

SEP 26 1932

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

