

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

Do not use this space.

39410

1. PLACE OF DEATH

1/2 County Jefferson
Township White Oak
City Union (No. _____)

Registration District No. 347
Primary Registration District No. 5495

File No. _____
Registered No. 118 Ward _____

2. FULL NAME

Sarah M. Gregg

(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? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob M. Gregg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 26 - 1849</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>7</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Law Bookkeeping</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>20</u>	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>
	13. NAME <u>Joe Gregg</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jeun.</u> <u>5</u>
	15. MAIDEN NAME <u>Daint Kessed</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jeun.</u>
	17. INFORMANT (ADDRESS) <u>Joe Gregg</u> <u>Union Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Mo</u> DATE <u>Dec 19</u> 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>Robert Grunally</u> <u>6 Brighton Ave</u>
	20. FILED <u>1-3</u> 19 <u>33</u> <u>Ed C. Teelov</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. — alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

Sanity
162
1611
Other contributory causes of importance _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic Was there an autopsy? no

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 _____
(Signed) J. S. McDonald, M. D.
(Address) Union 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.

JAN 23 1933

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

