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

Do not use this space.

567

1. PLACE OF DEATH
County Cass — Registration District No. 150 — File No.
Township Sherman — Primary Registration District No. 5214 — Registered No.
City Creighton (No. ..... St. ..... Ward)

2. FULL NAME Margery Doris Gregg
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): DEC 23-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
6	1	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: X
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Creighton Mo.

PARENTS
10. NAME OF FATHER: Geo Gregg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Creighton Mo
12. MAIDEN NAME OF MOTHER: Helen Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Windsor Mo.

14. INFORMANT: Father Geo Gregg
(Address): Creighton Mo

15. FILED Mar 9 1933 Mrs J R Lyles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 31 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933 to Jan 31, 1933 that I last saw her alive on Jan 29 1933 and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Edema
1113
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1113
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
X DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E M Griffith, M.D.
, 19 (Address) Creighton 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: Grant — DATE OF BURIAL: Feb 1 1933

20. UNDERTAKER: Hobert Arnold — ADDRESS: Creighton

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.

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