

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

Do not use this space.

28100

File No. 7185
Registered No. 7185

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1773**
City (No. **City Hospital**) St. Ward)

2. FULL NAME

Thomas L. Gregory
(a) Residence, No. **4207 N. Lodge** St., **11** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **30** 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reynal Gregory		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1867		
7. AGE YEARS 66	MONTHS 7	DAYS 4
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter	
	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) Portland, Me.		
FATHER	13. NAME James H. Gregory	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Me.	
MOTHER	15. MAIDEN NAME Mary Ann Scholl	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Me.	
17. INFORMANT Prof. Gregory (ADDRESS) 1121 N. Park Pl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 8-22 , 19 33		
19. UNDERTAKER H. A. Block and Co (ADDRESS) 2117 E. Grand		
20. FILED Aug 21, 1933 J. Bredicke Registrar.		

NO MEDICAL CERTIFICATE OF DEATH
No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 19 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **10:30** 19**33**, to 19.....
I last saw him alive on **8-19-33**, 19..... Death is said to have occurred on the date stated above, at **7:25 A.M.**
The principal cause of death and related causes of importance were as follows:
Tabicil Pneumonia - Anteriosclerosis - Chronic mycosiditis -
Date of onset

Other contributory causes of importance: **1/10**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Narald P. Phuy**
(Address) **Deputy forner**

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 1933

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1-1-2

PERMANENT RECORD

38 FLR.