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

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.

NOV 25 1935

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

Do not use this space.

32614

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 339
City ~~Independence~~ (No. Riger & Lee Road St. Ward)

2. FULL NAME Jesse Gregg
(a) Residence, No. Riger & Lee Road 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 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 Helen Gregg.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1895
7. AGE Years 40 Months 5 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Grain Co
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) Grain Valley Missouri

FATHER
13. NAME Frank Gregg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Missouri

MOTHER
15. MAIDEN NAME Mattie Stone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Missouri

17. INFORMANT (ADDRESS) Helen Gregg. Riger & Lee
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE Nov 2, 1935
19. UNDERTAKER (ADDRESS) George C Carson Indep Mo
20. FILED 11-6-1935 F L Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Oct, 1935
I last saw him alive on Oct, 1935. Death is said to have occurred on the date stated above, at 330 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the larynx	Jan 1933
Cancer of the oesophagus secondary to larynx geal involvement	Sept 1934

Other contributory causes of importance:
Pulmonary infection due to inhalation of secretions about incidental larynx
Tracheotomy Mar 1933
Gastrostomy June 1934

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 .....
(Signed) John P Green, M. D.
(Address) Independence, Mo