

MAR 23 1937

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

Do not use this space.

76 1. PLACE OF DEATH  
County Montgomery Registration District No. 95-8. File No. 7338  
Township Danville Primary Registration District No. h-186C. Registered No.  
City Mineola Mo (No. .... St. .... Ward)

2. FULL NAME Mary Ann Gregory  
(a) Residence, No. .... St. .... Ward.  
(Usual place of abode) Life (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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 th 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 93 2 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
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) Mineola Mo

FATHER 13. NAME Benjamin White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Susan Gott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Stanley Gregory  
(ADDRESS) Mineola Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Montg City Cem DATE 2/17/37

19. UNDERTAKER C. W. Hopkins  
(ADDRESS) Montgomery City Mo

20. FILED Feb. 15th 1937 Mrs Anna Gregory  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16/37 19

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937 to February 16, 1937

I last saw her alive on Feb. 16, 1937 Death is said to have occurred on the date stated above, at 1:20 pm  
The principal cause of death and related causes of importance were as follows:

1. Gastro enteritis, cause undertimed.  
2. Arterio-sclerosis.

Other contributory causes of importance:

1. Pneumonia, Bronchial 12/26/37

Name of operation 1070 Date of 2/15/37  
What test confirmed diagnosis? Clinical 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? No

If so, specify Bruce Menefee, M. D.  
(Signed) Bruce Menefee  
(Address) Montgomery City, Mo.

