REC'D JUN 8 1939

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

17788
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON | Registration District No. 399
(b) Township LITTLE BLUE | Primary Registration District No. 1002 | Registered No. 2190
(c) City KANSAS CITY (d) Street No. Leeds G. B. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME AGNES GREGORY
(a) Residence, No. 2921 WALNUT St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: CHARLES M
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30 1908
7. AGE: YEARS 32 | MONTHS 9 | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Marion Ind.

FATHER
13. NAME: Charles Thoma
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): K. C. T. B. Hosp. Leeds, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's DATE 5/27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Quirk & Tobin City
20. FILED May 26, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 4, 1939, to MAY 24, 1939
I last saw her alive on MAY 24, 1939. Death is said to have occurred on the date stated above, at 8 50 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS WITH TUBERCULOUS PNEUMONIA	
23	

Other contributory causes of importance:
ATROPHIC GASTRITIS
TOXIC NEPHRITIS
ESOPHAGEAL OBSTRUCTION
TUBERCULOUS ILEITIS

Name of operation ..... Date of .....
What test confirmed diagnosis? X-RAY SPUTUM 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) [illegible] M.D.
(Address) Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to ... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 17783-39

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2190

On this 9 day of December, 1959, before me appears Charles M. Gregory, who, upon his oath, states that the original record of ~~birth~~ death for Agnes Gregory ~~born~~ ~~died~~ May 24, 1939, 19..., in the State of Missouri, and which was filed at ~~Jefferson~~ Kansas City, Missouri on 5-26-39, 19..., should be corrected as follows:

Item No. 5a should read Ralph M. Gregory
Instead of Charles M. Gregory

Item No. ..... should read .....
Instead of verif. by birth record 3649-34 and
Item No. ..... should read ~~a~~ death record 4922-55.
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles M. Gregory Son
Relationship.

7432 Agnes, K. C. Mo.
Present Address.

Subscribed and sworn to before me this 9 day of December, 1959

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.