FILED JUN 13 1941

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

Do not use this space.

44

File No. 18755

1. PLACE OF DEATH
County Polk Registration District No. 707
Township Morrison Primary Registration District No. 5736 Registered No.
City Bolivar (No. 1 St. Ward) 0

2. FULL NAME Cynthia Ann 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): Widowed. 2

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Pearl Gregg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30. 1866

7. AGE: YEARS 67 MONTHS 10 DAYS 27 If LESS than 1 day: hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper.
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): Polk County Missouri U.S.

FATHER
13. NAME: Jesse Eagon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri U.S.

MOTHER
15. MAIDEN NAME: Elizabeth Boren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Clifford Gregg Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Red Cemetery DATE: Feb. 27, 1941

19. UNDERTAKER (ADDRESS): William & Erwin Funeral Home Pleasant Hope Mo.

20. FILED, 19 H E Dickinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 26, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1934, to Feb 28, 1934
I last saw h Am alive on Feb 23, 1934 Death is said to have occurred on the date stated above, at 1:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the Pituitary	2 yrs
	20
	1934

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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
(Signed) M. D.
(Address) Bolivar Mo

RECEIVED
District Health Officer No. 7,
District File Number 6-11-41
Date Filed 6-11-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18 7538

Registration District No. 707 Primary Registration District No. 5936 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Loomey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Brighton Rural
(If outside city or town limits, write "RURAL")
(d) ~~Street~~ No. R-1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cynthia Ann Sorrey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 67 Months 10 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug-10-41 (Date received local registrar) (b) Hillard C. Dickinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. H. Douglas (M. D. or other)
Address Brighton mo Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-18755 1941