

State Birth No.

WISCONSIN STATE BOARD OF HEALTH

ORIGINAL CERTIFICATE OF DEATH

State Filing Date

1. PLACE OF DEATH a. COUNTY Rock b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Beloit c. LENGTH OF STAY (in this place) 3 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Rock River		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Wis. b. COUNTY Rock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beloit d. STREET ADDRESS (If rural, give location) 1002¹/₂ Pleasant St.	
--	--	--	--

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Ernst c. (Last) Gregory		4. DATE OF DEATH (Month) Nov. (Day) 5, (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH July 25, 1888
9. AGE (In years) 67 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Helper 10b. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (State or foreign country) Spring Valley Twp., Rock Co., Wis.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harry A. Gregory		14. MOTHER'S MAIDEN NAME Alvina Coombs	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 479-10-7340	17. INFORMANT Oscar Nelson
---	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxia ANTECEDENT CAUSES Acute pulmonary edema DUE TO (b) Asphyxia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Drowning II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval Between Onset and Death 5-60 min 5-30 min
--	---	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
-------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rock River	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Beloit Rock Wis.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY ? 12:00 m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Unknown

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) E. W. Cavendish, Pathologist	23b. ADDRESS 431 Gwynn Blvd, Beloit	23c. DATE SIGNED 11-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/55	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town or county) (State) Beloit, Wis.
DATE REC'D BY LOCAL REG. 11-8-55	REGISTRAR'S SIGNATURE J. B. Springberg	25. FUNERAL DIRECTOR ADDRESS R. R. Kinzer, Beloit, Wis.	