

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.

1939 10 18 39

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

43734
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township McQuion Primary Registration District No. 5562 Registered No. 239
 (c) City or Barthage (d) Street No. _____ 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

(a) Residence, No. 930 Annie Leggett St.
Route 4 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James B. Leggett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1859</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	13. NAME <u>Unknown</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "	"
MOTHER	15. MAIDEN NAME "	"
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "	"
17. INFORMANT (ADDRESS) <u>Henry Leggett</u> <u>Route 14 - Barthage, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>Dec 26 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Kheer Mortuary</u> <u>Barthage, Missouri</u>		
20. FILED <u>Dec 26 1939</u> <u>E. J. McIntire, M.D.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938 to Dec 22, 1939
 I last saw him alive on Dec 5, 1939 Death is said to have occurred on the date stated above, at 4:15 p.m. at
 The principal cause of death and related causes of importance were as follows:
Probably (found dead)
Polio in Childhood
Myocardial degeneration
 Date of onset

Other contributory causes of importance:
None

Name of operation None Date of _____
 What test confirmed diagnosis? Clinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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. J. Harris M. D.
 (Address) Barthage, Mo

RECEIVED

District Health Officer No. 6,

District File Number 140-692

Date Filed JAN 9 1940

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. 391

P. O. Address Carefree

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

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