

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 26 1937

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

Do not use this space.

35181

1. PLACE OF DEATH

County St. Francois Registration District No. 274 File No. 723
Township St. Francois Primary Registration District No. 4465 Registered No. _____
City Flat River, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Martha Ann Legg
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White-Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Frank Legg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1859
7. AGE YEARS 83 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 7-26-37 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County

FATHER
13. NAME Mr. Jas. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County

MOTHER
15. MAIDEN NAME Robinson

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

17. INFORMANT (ADDRESS) Mrs. Martha Legg
Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plain Hill Cemetery DATE Sept 27th 1937

19. UNDERTAKER (ADDRESS) Alvin W. Hood
Flat River, Mo.

20. FILE 60-10 1937 B. B. Barrer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937, to Sept 26, 1937
I last saw him alive on Sept 25, 1937. Death is said to have occurred on the date stated above, at 3:40 A.M.
The principal cause of death and related causes of importance were as follows:

Bronch. Pneumonia Date of onset 9/20/37

Other contributory causes of importance: 1090

Name of operation _____ Date of _____
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 _____
(Signed) W. D. [Signature], M. D.
(Address) Desloge, Mo.

