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

Do not use this space.

36346

85

File No. 1263

Registered No.

1. PLACE OF DEATH

County St Francois

Township ~~Mississippi Hospital~~

City (No. St. Ward)

Registration District No.

Primary Registration District No. 1001

St Joseph's Hospital

2. FULL NAME Mrs Sabina Leggett

(a) Residence. No. St., Ward. Stonberry Mo.
(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 F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert S. Leggett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2 1847

7. AGE

Years	Months	Days	If less than 1 day, hrs. or min.
62	8	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanton County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Coffey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va
(STATE OR COUNTRY)

14. INFORMANT R. S. Leggett
(Address) Stonberry Mo

15. FILED 11/1, 1929 John E. Ut
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1929, to Nov 1, 1929, that I last saw h. alive on Nov 1, 1929, and that death occurred, on the date stated above, at 3.35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis 10 M
(Probable - Sudden 1 HR
unforeseen death) 1 HR
5 min
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture Left Hip
Intracapsular accident
(duration) yrs. 1 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Stanberry Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms

(Signed) Clarence A. Gaed, M. D

11/1, 1929 (Address) St Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stonberry Mo

DATE OF BURIAL Nov 5 1929

20. UNDERTAKER Laton F. Phillips

ADDRESS Stonberry Mo

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.

LJAN 2 C 1958