

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 24 1931

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

Do not use this space.

37466

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3018 Registered No. 111
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

George Lego
 (a) Residence, No. 111 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elsie Lego</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 11/1893</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Thinks about 38</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		If LESS than 1 day, _____ hrs. _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stationary boilers</u>		
10. Date deceased last worked at this occupation (month and year) <u>3 years</u>	11. Total time (years) spent in this occupation <u>all life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
FATHER	17. INFORMANT <u>Mrs Elsie Lego</u> (ADDRESS) <u>Clinton Mo Box 1</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Smith Bend Cemetery Mar 10 1931</u>	
19. UNDERTAKER <u>Spauldrey</u> (ADDRESS) <u>Clinton Mo</u>		
20. FILED <u>11/9</u> 19 <u>31</u> <u>E. C. Peeler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Starvation by strangulation with
around neck
 Date of onset _____

Other contributory causes of importance:
1-15-1893
175

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 11-9-1931
 Where did injury occur? font at Clinton Mo
 (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? _____
 If so, specify _____
 (Signed) G. S. Walker, Coroner M. D.
 (Address) Clinton Mo

