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

Do not use this space.

18945

1. PLACE OF DEATH 18
County Carter — Registration District No. 146
Township Pike — Primary Registration District No. 5209
City ~~Fremont~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Frank Legg
(a) Residence. No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Legg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-13-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio 2

PARENTS
10. NAME OF FATHER: G. W. Legg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER: Charlotte 31
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mary Legg
(Address) Fremont

15. FILED 7-10, 1932 Jessie D. Schepp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-27 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to to June 22, 1932 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the intestines.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 25
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... (1)
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. T. Eudy, M. D
, 19 (Address) Encinitas, 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: Fremont, Mo
DATE OF BURIAL: June 29 1932

20. UNDERTAKER: W. C. Croy
ADDRESS: Van Buren

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.

JUL 22 1932