

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

Do not use this space.

22778

1. PLACE OF DEATH

County Dunklin
Township
City Malden (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No.
St. Ward

2. FULL NAME

Catherine Legan

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Legan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18 - 1856</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo.</u>		
13. NAME <u>Ann H. Hurck</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>M. Dant</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Frank Watson Malden Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden</u> DATE <u>1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. R. Craig</u>		
20. FILED <u>7-18</u> 19 <u>33</u> <u>B. E. Mitchell</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

22. I HEREBY CERTIFY That I attended deceased from July 16, 1933, to July 17, 1933.
I last saw her alive on July 17, 1933. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
94 P.
97
94 B.
Other contributory causes of importance:
Arterio-sclerosis
Date of onset 7/16/33

Name of operation Date of
What test confirmed diagnosis? 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) [Signature], M. D.
(Address) [Address]

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.

AUG 22 1933

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