

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.

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

Do not use this space.

OCT 28 1935

730324

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township (Sedalia) Primary Registration District No. 3032
 City (Sedalia) (No. 314 E 3rd) St. _____ Ward _____

File No. 2734
 Registered No. 668

2. FULL NAME

Lama Ida Clegg
 (a) Residence, No. 314 E 3 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 5 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

13. NAME Edward J Clegg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Clair L Frisch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Osger Beck Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 9/14/35

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED Sept 3 1935 Jean Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1935, to Sept. 2, 1935

I last saw him alive on Sept 2, 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with coronary occlusion
coronary occlusion
59

Date of onset any 30/1930

Other contributory causes of importance:
subacute mitral aortic sclerosis

no other
no
known

Name of operation none Date of none

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) Chas. A. Madril, M. D.

(Address) Sedalia Mo.

