MAR 25 1937

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

Do not use this space.

File No. 9021

Registered No. 2

1. PLACE OF DEATH

County: Scott

Township: Kelso

City: ..... (No. ..... , ... St. ..... Ward)

Registration District No. 816

Primary Registration District No. 6065

2. FULL NAME Stella May Leggett

(a) Residence, No. R. F. D. #1 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 1935

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Chaffee R.F.D. Mo.

FATHER

13. NAME William Henry Leggett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drum Missouri

MOTHER

15. MAIDEN NAME Dora Bridwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drum Missouri

17. INFORMANT W. H. Leggett
(ADDRESS) Chaffee Missouri, R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL Arbor Mo.
PLACE Fairview Cem. DATE Feb. 19 1937

19. UNDERTAKER Stubbs Funeral Home
(ADDRESS) Chaffee Missouri

20. FILED 2/19 1937 W D Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1937, to 2-18, 1937

I last saw her alive on 2-16, 1937. Death is said to have occurred on the date stated above, at 6 p.m.

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

	Date of onset
Influenza	
Bronchial	2/4/37
Pneumonia	

Other contributory causes of importance: None

Name of operation None Date of .....

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) W. D. Finney, M. D.

(Address) Chaffee 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.

WHEN FILLED WITH UNFADING INK—THIS IS A PERMANENT RECORD