SEP 20 1937

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

Do not use this space.

File No. 30765

Registered No.

Registration District No. 328

Primary Registration District No. 3017

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. St. Ward)

2. FULL NAME Marion Webster 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 67 yrs. 8 mos. 29 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 Mollie Legg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27th 1869

7. AGE: Years 67 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Tandell
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Bourter Legg
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Benira Hoods
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Mollie Legg
(ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martin Cemetery DATE Aug 29th 1937

19. UNDERTAKER Byron C. Davis #3216
(ADDRESS) Trenton, Missouri

20. FILED 8-27 1937 Irene D Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937, to Aug. 26, 1937.
I last saw him alive on Aug. 26, 1937. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
of 2 or 3 yrs duration

Date of onset

Other contributory causes of importance:

51

Name of operation Date of
What test confirmed diagnosis? Pathologic 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) C H Cullers, M. D.
(Address) Trenton, 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.