

DEC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County **BUCHANAN**  
Township **WASHINGTON**  
City **ST. JOSEPH**

Registration District No. **85**  
Primary Registration District No. **1001**  
(No. **ST. JOSEPH'S HOSPITAL**)

File No. **28409**  
Registered No. **902**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

**LEWIS F. LEGG**  
(a) Residence, No. **INDUSTRIAL CITY,** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

**Industrial City, MO**  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **25** 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 **RUBY LEGG**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOVEMBER 12, 1891**

7. AGE YEARS **46** MONTHS **9** DAYS **18** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **VISCOSITY OIL CO.**

10. Date deceased last worked at this occupation (month and year) **JAN, 1938** 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **FORBES, MISSOURI**

13. NAME **CHARLES LEGG,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **INDIANA**

15. MAIDEN NAME **ADA LEACH,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **FORBES, MISSOURI**

17. INFORMANT **RUBY LEGG**  
(ADDRESS) **Industrial City, MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MT. MORA CEM.** DATE **SEPT. 1, 1938**

19. UNDERTAKER **FLEEMAN & SON INC.**  
(ADDRESS) **1946 COLHOUN ST. ST. JOSEPH, MO**

20. FILED **Sept 2 1938** **H. J. A. Collected**  
**Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 30, 1938**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15**, 19**38**, to **Aug 30**, 19**38**  
I last saw h.i.m. alive on **Aug 29**, 19**38** Death is said to have occurred on the date stated above, at **11:45 p.m.**

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

**Mitral Stenosis of heart following Rheumatic Endocarditis in childhood**

Date of onset **1920**

Other contributory causes of importance: **Coronary Failure 1938**  
**Passive Congestion of Lungs**  
**Generalized oedema**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis **Phys. Ex.** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **No** Date of injury \_\_\_\_\_, 19

Where did injury occur? **None**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_

(Signed) **H. Thompson, Jr.** M. D.  
(Address) **825 Charles St. Joseph, Mo.**

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, very important.

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STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No: 3986  
hereby certify that the body recorded on the reverse side of this  
Certificate was embalmed by JOHN E. RUPP  
or by MYS ELF Registered Apprentice No. \_\_\_\_\_

(Signed) John E. Rupp  
Licensed Embalmer No. 3986

**NOTE:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)