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.

REC'D NOV 15 1938

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

35168
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 1
(b) Township — Primary Registration District No. — Registered No. 1064
(c) City St. Joseph — (d) Street No. 410 North 6th. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Morley Harry Legg
(a) Residence, No. 410 North 6th. St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Edith Legg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 30,1870
7. AGE: YEARS 68 — MONTHS 1 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dry Cleaner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malcome, Iowa

FATHER
13. NAME: Henry Adams Legg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER
15. MAIDEN NAME: Rosette Giles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East Bethany, New York

17. INFORMANT (ADDRESS): Mrs. Edith Legg, 410 North. 6th. St.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Memorial Park — DATE: Oct 28, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Jos. Mo.
20. FILED: Oct 27, 1938 — H J Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1937, to 10-26, 1938
I last saw him alive on 10-26, 1938. Death is said to have occurred on the date stated above, at 8:30P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82	

Other contributory causes of importance:
Hypostatic Pneumonia

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? no — Date of injury, 19
Where did injury occur? no (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: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Albert H. Muench, M. D.
(Address) Phys. & Surgs. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Wilbur H. Kelly, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address 1302 Faraon St., St. Joseph

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

If this body is not embalmed, above space should be left blank.