REC'D APR 24 1939

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

Do not use this space.

11276

File No.
Registered No.

1. PLACE OF DEATH

County: Johnson
Township: Rose Hill
City: Blairstown (No. St. Ward)

Registration District No.: 437
Primary Registration District No.: 3594

2. FULL NAME: John Robert Clegg

(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 27 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Bell Clegg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jany 14-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	--	18	

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) (STATE OR COUNTRY): Howard County Mo

FATHER

13. NAME: Stephen Clegg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lancashire England

MOTHER

15. MAIDEN NAME: Josephine Waysman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Connty Mo

17. INFORMANT: L. R. Clegg
(ADDRESS) Blairstown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blairstown DATE: 2-3-39, 19

19. UNDERTAKER: A. L. Cook
(ADDRESS) Chilhowee, Mo.

20. FILED: April 8, 1939 Anna Coleman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1938 to Jan 29th, 1939

I last saw h. alive on Jan 29, 1939. Death is said to have occurred on the date stated above, at 3:10 P.m.

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

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Influenza	3 wks

Name of operation: — Date of:
What test confirmed diagnosis? Clinical. Was there an autopsy?

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) J. F. McDaniel, M. D.
(Address) Urich 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/21/39