

REC'D AUG 22 1939

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

25753
Do not use this space.

1. PLACE OF DEATH
(a) County West Plains Howell Registration District No. 384
(b) Township West Plains Primary Registration District No. 4227 Registered No. _____
(c) City West Plains, Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mary Leggett
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jake Leggett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1860
7. AGE YEARS 78 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Homemaker
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) Louisville, Ky.
13. NAME Sarah Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
15. MAIDEN NAME Anna Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
17. INFORMANT Mary Emerson (ADDRESS) West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sadie Brown DATE 6-1-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tabertons West Plains, Mo.
20. FILED 7-12 1939 Vida W. Simons Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30 1939
22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to May 30, 1939
I last saw her alive on May 29, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease Date of onset 1920
121
Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis
Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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) E. Royce Bohrer M. D.
Address West Plains, Mo.
DR Bohrer

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 is very important.

RECEIVED

District Health Officer No. 5,

District File Number 839 76

Date Filed 8/10/39

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,

....., or by

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

Signed Torothy A. Robertson

Licensed Embalmer No. 3435

P. O. Address West Plains, Mo

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

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