

NOV 24 1930

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

Do not use this space.

32707

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Boward Primary Registration District No. 54-85  
City Blairstown Mo (No.         ) St.          Ward           
File No.           
Registered No. 79

2. FULL NAME Robert Lee Clegg

(a) Residence. No.          St.          Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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*) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 18th 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>3</u>	<u>1</u>	<u>25</u>	<u>        </u>	<u>        </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work           
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Blairstown Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER J.A. Clegg Sedalia Mo  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Minnie Newman Blairstown Mo  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT J.A. Clegg  
(Address) Blairstown Mo

15. FILED 10/13/30 Dr. E.C. Peelor  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930, to Oct 8, 1930, that I last saw him alive on 7 Oct, 1930, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cholera  
1204  
1140  
(duration)          yrs. mos. ds.  
CONTRIBUTORY (SECONDARY)           
(duration)          yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? No DATE OF           
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS?           
(Signed) Dr. Clegg, M. D.  
, 19          (Address) Blairstown

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blairstown Mo DATE OF BURIAL 10/10 1930

20. UNDERTAKER Sweeney-Cook ADDRESS Chilhowee

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.

RECORD

