

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH1 PLACE OF BIRTH
County MonmouthVot. Pot. 7 32Ino. Town Brookfield

City

Registration District No. 10 89Primary Registration District No. 6922

(No.) St., Ward)

File No. 27618
Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clare Lee Legg

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE color 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH 11 3 1905
(Month) (Day) (Year)7 AGE 19 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. house work
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee Bedford county10 NAME OF FATHER Jamual Myers11 BIRTHPLACE OF FATHER (State or country) Tennessee Bedford county12 MAIDEN NAME OF MOTHER Willie Gamble13 BIRTHPLACE OF MOTHER (State or country) Tennessee Bedford county

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jadie Legg
(Address) Brookfield Ky15 File # 4-9 1925 J. B. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 8 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 11/1/25, to 11/8/25, 1925, that I last saw him alive on 11/6/25, 1925,and that death occurred on the date stated above at 2 a.m. The CAUSE OF DEATH* was as follows:Myocardial Infarction
Dilated Aortic Aneurysm
(Heart Failure)
(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Signed) W. A. Hester, M. D.
11 9 1925 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Brookfield Ky DATE OF BURIAL Nov 5 192520 UNDERTAKER Blake Finch ADDRESS Brookfield Ky

WRITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.