

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_  
Registered No. 31

1 PLACE OF DEATH  
County Muhlenberg  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
If death occurred in a hospital or institution, give its NAME instead of street and number)  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2 FULL NAME Franklin D. Legg  
(a) Residence. No. Browder, Ky. Ward \_\_\_\_\_ (if nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) June 12, 1925

7. AGE	Years	Months	Days	If LESS than 1 day	hrs.	or	min.
<u>2</u>		<u>2</u>	<u>9</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

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) Browder, Ky. (State or country) \_\_\_\_\_

13. NAME Jedie Legg

14. BIRTHPLACE (city or town) Alabama (State or country) \_\_\_\_\_

15. MAIDEN NAME Katie Mae Hardy

16. BIRTHPLACE (city or town) Kelley, Ky. (State or country) \_\_\_\_\_

17. INFORMANT Jedie Legg (Address) Browder, Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Browder, Ky. State Sept 22, 1935

19. UNDERTAKER Blaine Thomas (Address) Walcoburn, Ky.

20. FILED 9-22, 1935 J. H. Kinchelley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Sept 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935 to Sept 21, 1935  
I last saw him alive on Sept 20, 1935, death is said to have occurred on the date stated above, at 10:50 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Cholera Infantum Date of onset Sept 4

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. No injury

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. H. Newman, M. D.  
(Address) Walcoburn, Ky.

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.