

83083

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. 30

PLACE OF DEATH  
County Muhlenberg  
Reg. Dist. No. 1088  
City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
Ino. Town 48 Primary Registration District No. 6849  
Reg. Dist. No. 1088

2 FULL NAME Jodie W. Legg Jr  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
(a) Residence. No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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

1. SEX Male  
2. COLOR OR RACE Colored  
3. Single Married, Widowed or Divorced (write the word) Single  
4a. If married, widowed or divorced HUSBAND of (or) WIFE of Single  
5. DATE OF BIRTH (month, day, and year) 3-28-30  
6. AGE Years Months Days if LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 5 5 16  
7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
9. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 10. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 14, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1935 to Sept 14, 1935  
I last saw him/alive on Sept 14, 1935 death is said to have occurred on the date stated above, at 1:00 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:  
Diarrhea & enteritis Sept 25  
Date of onset \_\_\_\_\_  
Contributory causes of importance not related to principal cause: \_\_\_\_\_

11. BIRTHPLACE (city or town) (State or country) Broaden Ky  
12. NAME Jodie W. Legg  
13. BIRTHPLACE (city or town) (State or country) Lemo Tenn  
14. MAIDEN NAME Ratie Mae Hardy  
15. BIRTHPLACE (city or town) (State or country) Kelly Station Ky  
16. INFORMANT (Address) Ratie Mae Legg Broaden Ky  
17. BURIAL, CREMATION, OR REMOVAL Place Broaden Day 9-16, 1935  
18. UNDERTAKER (Address) Blake Finch Broaden Ky  
19. FILED 9-16, 1935 J. H. Kincaid Registrar

Name of operation None Date of None  
What test confirmed diagnosis? Symptoms 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? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. None  
Manner of injury None  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased? No If so, specify None  
(Signed) W. Newman, M. D.  
(Address) Broaden Ky

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT CARD. 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.