

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13205

File No. \_\_\_\_\_

Registered No. 19

1 PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. Browder Registration District No. 1088  
Inc. Town Browder #41 Primary Registration District No. 6849  
City Kentucky (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roy Lee Leggs  
(a) Residence. No. Browder, Ky. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. 11 mos. 28 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single Single  
Married \_\_\_\_\_  
Widowed \_\_\_\_\_  
or Divorced \_\_\_\_\_  
(Write the word)  
5a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH June 9 28 1935  
(Month) (Day) (Year)  
7 AGE 6 yrs. 11 mos. 28 ds. IF LESS than 1  
day \_\_\_\_\_ hrs. \_\_\_\_\_  
or \_\_\_\_\_ min?

## 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) \_\_\_\_\_

9 BIRTHPLACE (city or town) Browder, Ky  
(State or country)

PARENTS  
10 NAME OF FATHER Joe William Leggs  
11 BIRTHPLACE OF FATHER (city or town) Clement  
(State or country) Alabama  
12 MAIDEN NAME OF MOTHER Katie McHardy  
13 BIRTHPLACE OF MOTHER (city or town) Dallas  
(State or country) Missouri

14 (Informant) Katie Mae Leggs  
(Address) Browder, Ky

15 Filed 5-29, 1935 J. K. Kinard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 28 1935  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to May 28, 1935, that I last saw him alive on May 27, 1935, and that death occurred on the date stated above at 10 a. m.  
The CAUSE OF DEATH\* was as follows:

Congenital debility

(Duration) 6 yrs. 11 mos. 28 ds.

Contributory Mental + physical debility  
(Secondary)

(Duration) 6 yrs. 11 mos. 28 ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. D. Newkman, M. D.

May 29, 1935 (Address) Drakesboro, Ky

\*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Browder, Ky May 29, 1935

20 UNDERTAKER ADDRESS

Blake Finch Drakesboro, Ky

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. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING