

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Booneville  
Vol. Pat. No 2  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 1000  
Primary Registration Dist. No. 7462

File No. 28672

Registered No. \_\_\_\_\_

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

2 FULL NAME Mrs. M. E. Leggett Taylor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If write the word)

6 DATE OF BIRTH Apr 19 1855  
(Month) (Day) (Year)

7 AGE 64 yrs. 0 mos. 0 ds. If LESS than 1 day ... hrs. or ... min. ?

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

9 BIRTHPLACE (State or country) Ky

PARENTS  
10 NAME OF FATHER Wm. E. Leggett  
11 BIRTHPLACE OF FATHER (State or country) Ky  
12 MAIDEN NAME OF MOTHER "  
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) James H. Leggett  
(Address) W. Booneville Ky

15 FILED Nov 10 1919 W. E. Leggett  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 19 1919  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from June 1 1919, to Aug 19 1919, that I last saw her alive on Aug 17 1919, and that death occurred, on the date stated above, at Booneville Ky.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory \_\_\_\_\_  
SECONDARY: \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. E. Leggett, M. D.  
Nov 1 1919 (Address) Booneville Ky

\*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 Family B. Booneville DATE OF BURIAL Aug 20 1919

20 UNDERTAKER W. E. Leggett ADDRESS Booneville Ky