

OCT 17 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28582

File No. _____
Registered No. 180
St. _____ Ward _____

1
2
7

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirksville (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Earl L. Figg
(a) Residence, No. Kirksville St. _____ 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

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
13 4 28

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirksville Daily Express
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kirksville
(STATE OR COUNTRY) Missouri

13. NAME John Figg

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Effie William

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Effie Wood
(ADDRESS) Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 9-29-1935

19. UNDERTAKER Dee Riley
(ADDRESS) Kirksville Mo

20. FILED Sept 28, 1935 Spencer Treman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 35

22. I HEREBY CERTIFY, That I attended deceased from for 37 3/4 years, 19____
I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis (pulmonary)
Date of onset _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) F. B. Harrison, M. D.
(Address) Kirksville Mo

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.

