

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 14 1937

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

Do not use this space.

File No. 40514
Registered No. 213
St. 2 Ward

1. PLACE OF DEATH
County Adair Registration District No. 4
Township 1 Primary Registration District No. 3001
City Nicholsville (No. 404) West Elizabeth

2. FULL NAME Ida Figge
(a) Residence, No. 404 W. Elizabeth St., 2 Ward.
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. H. Figge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-2-1876</u>		
7. AGE	YEARS	MONTHS
<u>35</u>	<u>61</u>	<u>0</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		
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) (STATE OR COUNTRY) <u>Schuyler Co. Missouri</u>		
13. NAME <u>John Varner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Georganna Gosse</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co. Missouri</u>		
17. INFORMANT (ADDRESS) <u>H. H. Figge</u> <u>404 W. Elizabeth St. Nicholsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Cemt.</u> DATE <u>11-16-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Des. Riling Funeral Home</u> <u>Nicholsville Mo.</u>		
20. FILED <u>Nov. 13, 1937</u> <u>Spencer L. Freeman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1937, to 11-8, 1937.
I last saw her... alive on 11-8, 1937. Death is said to have occurred on the date stated above, at 4:10 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset 11-5-37

Other contributory causes of importance:
Arteriosclerosis & hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify.....
(Signed) C. P. Luff 3 P.M.
(Address) Nicholsville Mo.

