

1940 MAY 17 1940

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

Do not use this space.

14853

1. PLACE OF DEATH

County Linn

Registration District No. 307

Township Boulware

Primary Registration District No. 5425

City Bay

(No. 2)

File No.

Registered No.

St. Ward)

2. FULL NAME Barn Figler

(a) Residence, No. 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

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mena Figler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3-16-1850

7. AGE

80

MONTHS

1

DAYS

—

If LESS than 1 day, ... hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1940

22. I HEREBY CERTIFY, That I attended deceased from

3-15-1940 to 4-16-1940

I last saw him alive on 4-12-1940 Death is said

to have occurred on the date stated above, at 6 A.M.

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

Carcinoma of Prostate

Date of onset

Other contributory causes of importance: 51

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME

Frank Figler

14. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME

don't know

16. BIRTHPLACE (CITY OR TOWN) don't know
(STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS)

Selma Figler
Bay

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carthage

DATE

4-18

19. UNDERTAKER (ADDRESS)

Amold Hummert
Missouri

20. FILED

4-17-

1940

Mrs. F.B. Meyer

Registrar.

Name of operation None

Date of 5-20

What test confirmed diagnosis? — Was there an autopsy? Yes

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 —

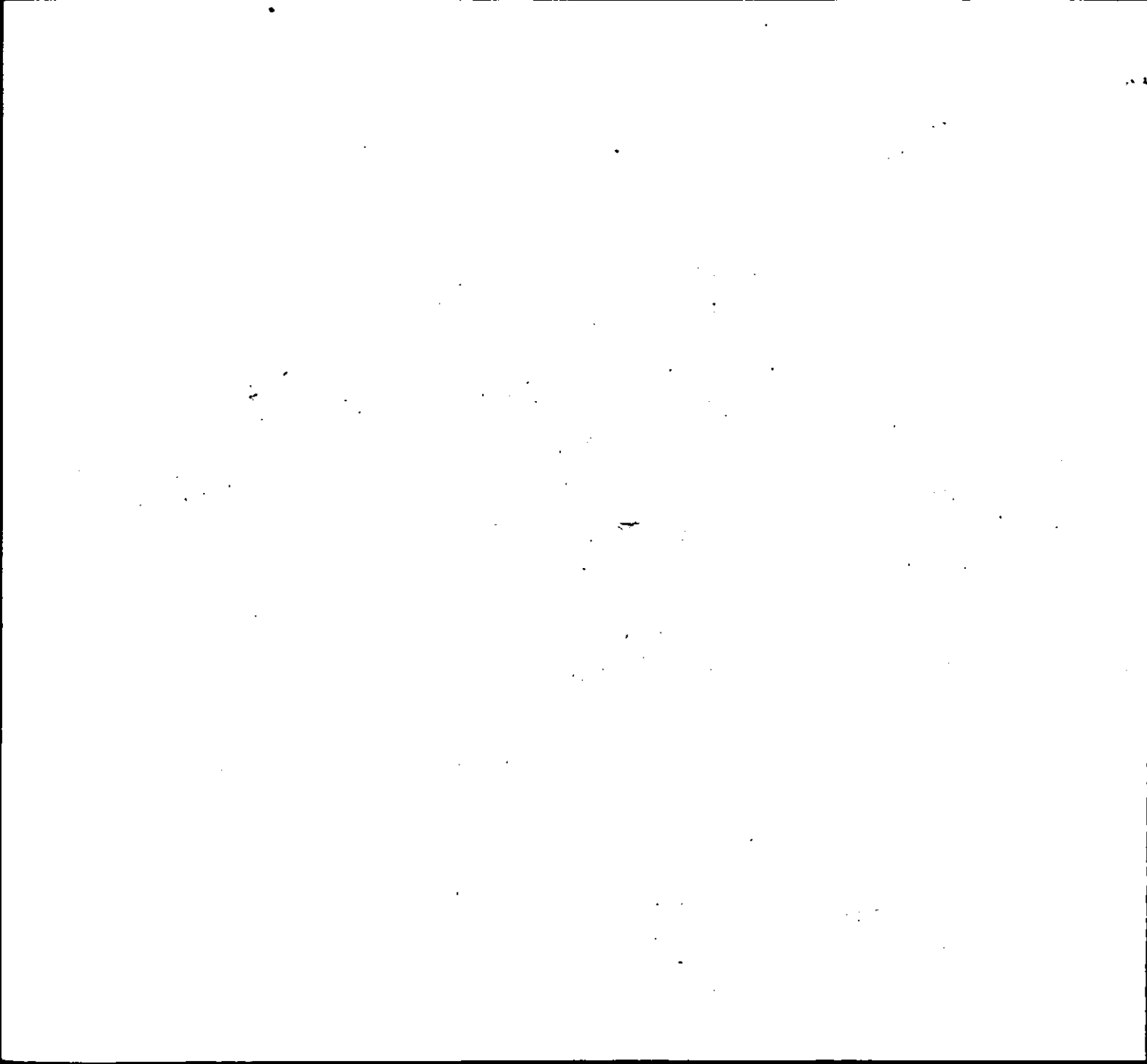
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Howard H. Perkins, M. D.

(Address) Hermanns

Every entry on this form should be carefully checked. 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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14853

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 307

Primary Registration District No. 6425-

Registrar's No.

1. PLACE OF DEATH:

- (a) County Essex
(b) City or town Boulevard
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community.
years, months or days)

3. (a) PRINT FULL NAME

Barn Zigler

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex m

5. Color or
race w

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife.

6. (c) Age of husband, or wife, if
alive. year

7. Birth date of deceased.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

1

-

h min.

9. Birthplace.

(City, town, or county)

(State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name.

13. Birthplace.

(City, town, or county)

(State or foreign country)

14. Maiden name.

15. Birthplace.

(City, town, or county)

(State or foreign country)

16. (a) Informant.

(b) Address.

17. (a)

(b) Date thereof.

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

Arnold Hermann

(b) Address.

Morrison

19. (a)

(Date received local registrar)

(b)

Mrs F. H. Meyer

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town.

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month 4 day 16
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from

19. to 19.

that I last saw him alive on

19.

and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

Howard Hermann

(M.D. or other)

Address

Hermann

Date signed

S-14853