

MAR 24 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County MissouriRegistration District No. 601File No. 7523Township Little PrairiePrimary Registration District No. 4888Registered No. 87City Cauthersville (No. ....)

St. .... Ward)

2. FULL NAME Buddie Herman Figgins

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 30 - 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
	<u>0</u>	<u>0</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>✓</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) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cauthersville Mo13. NAME Glenn Figgins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libon Co. Tenn15. MAIDEN NAME Laura Baird16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williford Ark17. INFORMANT Glenn Figgins  
(ADDRESS) Cauthersville Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cauthersville Mo DATE Jan - 30 - 193719. UNDERTAKER J. R. Johnson  
(ADDRESS) Cauthersville Mo20. FILED March 8, 1937 Ada Martin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 30, 1937, to Jan. 30, 1937I last saw ✓ alive on ✓, 19 ✓ Death is saidto have occurred on the date stated above, at 4 A. m.

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

StillbornDate of onset  
1-30-37

Other contributory causes of importance:

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? No

If so, specify.....

(Signed) J. R. Johnson, M. D.(Address) Cauthersville, Mo.

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.

FORM 1 X7284

