

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

Do not use this space.

JUL 26 1937

23052

1. PLACE OF DEATH

2. County Andrew
 Township Rochester
 City Helena, (No. 3)

Registration District No. 16
 Primary Registration District No. 5020

File No. 23052
 Registered No. 7
 St. _____ Ward _____

2. FULL NAME

Fannie Judson Varner

(a) Residence, No. Helena, Mo. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 55 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935, to June 5, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 11, 1852

I last saw her alive on June 5, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 85 0 24

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

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

Myocardial Failure Date of onset May 29, 1937

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 _____

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co., Va.

13. NAME John A. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Va.

15. MAIDEN NAME Eliza Clayton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Va.

17. INFORMANT (ADDRESS) Mrs. Bettie Boggess Stanberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel Cem. DATE June 7, 1937

19. UNDERTAKER (ADDRESS) Walter Meierholder 1302 Faraon St. St. Joseph, Mo.

20. FILED June 6, 1937 Lora E. Frank Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 fall
 Nature of injury _____

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

If so, specify _____ (Signed) James H. Nichols M.D.

(Address) Helena, Mo.

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

