

MA 28 1933

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

Do not use this space.

5539

File No. 13
Registered No. 3
St. Ward)

1. PLACE OF DEATH

County *Saline Co* Registration District No. *464*
Towship *Washington* Primary Registration District No. *5626*
City No.

2. FULL NAME *Rachel Varner*

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female*
4. COLOR OR RACE *white*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Phillip Varner*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr. 17, 1847*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *at home*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Greenbrier Co. Va.*
(STATE OR COUNTRY)

10. NAME OF FATHER *George Beaud.*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Va.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Miss Simmerman*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Va.*
(STATE OR COUNTRY)

14. INFORMANT *Dave Varner,*
(Address) *Odessa, Mo.*

15. *Mar 1 1930* *R. A. Schooley*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 18 1930*
17. I HEREBY CERTIFY, That I attended deceased from *on*
Feb 16 1930 to *19*
that I last saw *h. w. a.* alive on *2/16 1930* and that death occurred, on the date stated above, at *3 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
93A
160 (duration) *2* mos. *2* da.
CONTRIBUTORY (SECONDARY) *Emphysema*
(duration) *2* yrs. *2* mos. *2* da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? *Chromic*
R. A. Schooley, M. D.
(Signed) *2/18, 1930* (Address) *Odessa, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Odessa Cem.* DATE OF BURIAL *2/19 1930*

20. UNDERTAKER *L. C. Husman* ADDRESS *Odessa.*

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

