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.

JAN 26 1934

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

Do not use this space.

40603

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 470 — File No.

Township Mt Vernon — Primary Registration District No. 3633 — Registered No. 96

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lucille Varner

(a) Residence, No. Butterfield, Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2-1910

7. AGE: YEARS 23 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) May 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry Co., Mo. Cassville

FATHER

13. NAME: William H Varner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri Washburn Mo

MOTHER

15. MAIDEN NAME: Eva Sammager Scrimmager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Missouri~~ Oklahoma

17. INFORMANT (ADDRESS): William H Varner Butterfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cornith Cem DATE 12/19 1933

19. UNDERTAKER (ADDRESS): Barry Co. Mo Geo. B Orr

20. FILED Dec 18 1933 P. A. Holmes Mt Vernon, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16 1933

22. I HEREBY CERTIFY, That I attended deceased from June 13 1932, to Dec 16 1933

I last saw her alive on Dec 16 1933. Death is said to have occurred on the date stated above, at 1:10 P.m.

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

	Date of onset
Acute appendicitis with Operation 23A 121B	Dec 14

Other contributory causes of importance:

Pulmonary Tuberculosis

Name of operation appendectomy Date of Dec 16 33

What test confirmed diagnosis? ..... Was there an autopsy? No

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) R. H. Runde, M. D.

(Address) Mt Vernon, Mo

JUL 20 1956