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.

APR 25 1934

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

Do not use this space.

9143
1341

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. 3848 Charlotte St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Royal H. Varney
(a) Residence, No. 3848 Charlotte St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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 wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-18-1854

7. AGE YEARS 80 MONTHS 2 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mgr Great Western Mfg Co
10. Date deceased last worked at this occupation (month and year) Jan-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling West Virginia

FATHER
13. NAME Edwin Varney 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Jane Hadden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Violetta Varney 3848 Charlotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leavenworth Ks DATE MARCH-26, 1934

19. UNDERTAKER (ADDRESS) Dwyer Comer's Sons Kansas City - Mo.

20. FILED Mch 24, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 23, 1934
I last saw him alive on March 21, 1934. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1922

Other contributory causes of importance:

Chronic Myocarditis	1929

Name of operation Date of
What test confirmed diagnosis? Physical findings 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) Harry C. Lapp, M. D.
(Address) 1314 Professional Bldg.