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.

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

Do not use this space.

31176

1. PLACE OF DEATH SEP 13 1934

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Lukes Hosp ..... St. ..... Ward)

File No. ..... Registered No. 8476

2. FULL NAME Joseph Varey

(a) Residence, No. 924a Hamilton St., 5 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: Male
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: Maria Varey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/21/1854

7. AGE: YEARS 79 | MONTHS 9 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

FATHER

13. NAME: John Best Varey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Sarah Ann Watkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eng.

17. INFORMANT (ADDRESS): O. Winningham, 924a Hamilton

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: Aug. 20, 1934

19. UNDERTAKER (ADDRESS): Alexander & Lees, 6175 Delmar

20. FILED: AUG 20 1934 19 J. S. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to Aug. 17, 1934

I last saw him alive on Aug. 17, 1934. Death is said to have occurred on the date stated above, at 9 p. m.

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

	Date of onset
Cerebral & Sineral arteriosclerosis	—
936	
97	
Other contributory causes of importance: Chronic Myocarditis	1 yr.

Name of operation: none Date of —

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) Hiram S. Leggett, M. D.

(Address) St Louis, Mo.