

DEC 12 1934

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

Do not use this space.

38534

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

File No.
Registered No. 1208

2. FULL NAME Mrs. Cora Varvil

(a) Residence, No. 3101, North 6th. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~
(OR) WIFE OF James Varvil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 1

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

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) Bolckow, Mo.
(STATE OR COUNTRY) Missouri

13. NAME Chas. Sargent

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT James Varvil
(ADDRESS) 3101 North 6th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bolckow, Missouri DATE Nov. 7, 1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph, Mo.

20. FILED 11-7-34 John R. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Nov 2, 1934

I last saw h. or alive on Nov 2, 1934 Death is said to have occurred on the date stated above, at 12:30a.

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

Cerebral Hemorrhage Date of onset Oct 24-34

Other contributory causes of importance:

Heart Disease and Calcification

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) J. A. Mason, M. D.

(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

