

JUL 20 1935

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

Do not use this space.

19399

1. PLACE OF DEATH

County Franklin
Township St. Johns
City (No. _____) _____ St. _____ Ward _____

Registration District No. 297
Primary Registration District No. 5414

File No. _____
Registered No. 60

2. FULL NAME

Louis Variot
(a) Residence, No. Washington mo. R.F.D. #3 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF X (OR) WIFE OF Sophie Variot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1872

7. AGE YEARS 63 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St. Louis, Mo.13. NAME Louis Variot14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France, -15. MAIDEN NAME not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT Mrs. Louis Variot
(ADDRESS) Washington mo18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Washington mo DATE 6-5-35, 193519. UNDERTAKER (ADDRESS) Otto & Co Washington mo20. FILED June 3-1935 H. A. May Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Unknown, 1935

22. I HEREBY CERTIFY, That I attended deceased from no physician attended deceased
I last saw her at the attack, 1935 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chronic pulmonary tuberculosis Date of onset unknown

Other contributory causes of importance:
Pulmonary hemorrhage

Name of operation none Date of _____What test confirmed diagnosis? history 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 _____, 1935

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 _____

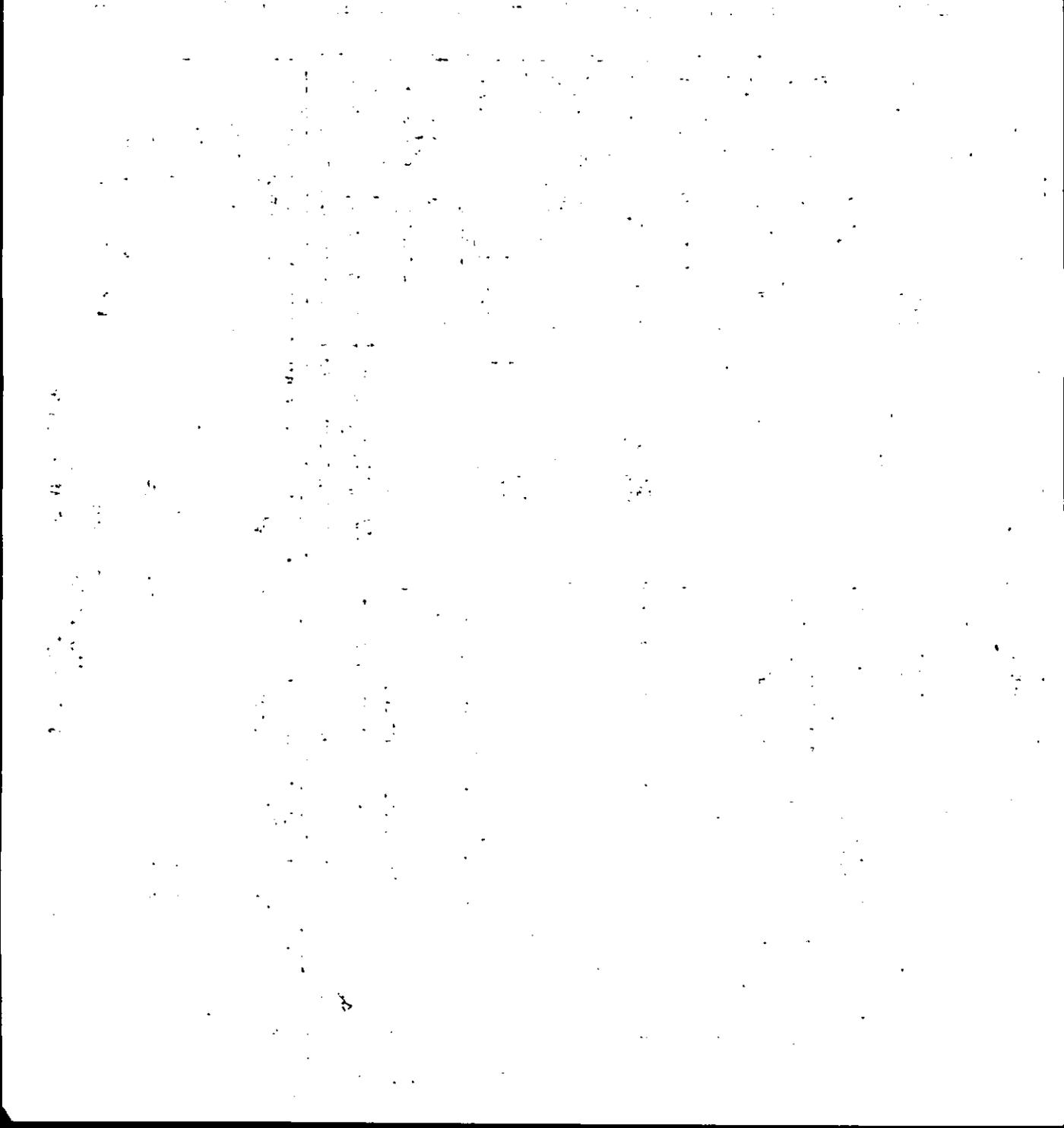
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. L. Washington Coroner, M. D.(Address) Washington mo

21. If you are not a physician, and are not a duly qualified medical attendant, and are not a duly qualified nurse, you are not qualified to sign this certificate. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
Do not use this space
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin
Township St. Johns
City _____ (No. _____)

Registration District No. 297
Primary Registration District No. 3414

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louis Reriat

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1872

7. AGE YEARS 63 MONTHS 2 DAYS _____ (EXCESS than 29 yrs. _____ hrs. _____ min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased first worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct. 8 1935 Harmay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

This patient had a chronic pulmonary tuberculosis. He lived alone. He had a hemorrhage, and was found dead by some party on June 1-1935. No one knows the date of death.

Other contributory causes of importance:

1 _____ 2 _____
Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

OCT 7 1963

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