

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

Do not use this space.

FEB 28 1937

7409

1. PLACE OF DEATH

County New Madrid Registration District No. 607
 Township Northwest Primary Registration District No. 5806
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 9

2. FULL NAME

Bobbie Eugene Vann

(a) Residence, No. Portageville, Mo. Ex ~~Point Pleasant, Mo.~~
 (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

MEDICAL CERTIFICATE OF DEATH

1. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb., 5th, 37, 19

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

22. Only ~~HE~~ ~~SHOULD~~ ~~CERTIFY~~. That I attended deceased from _____, 19____, to Feb., 5, 37, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th, 27

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 A. m.

7. AGE YEARS MONTHS DAYS 10 LESS than 1 day, 6 hrs. or _____ min.

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

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 last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

Other contributory causes of importance:
None

13. NAME So

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

What test confirmed diagnosis? None Was there an autopsy? _____

15. MAIDEN NAME Fannie Elizabeth

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller's DATE 2-6-37

Manner of injury _____ Nature of injury _____

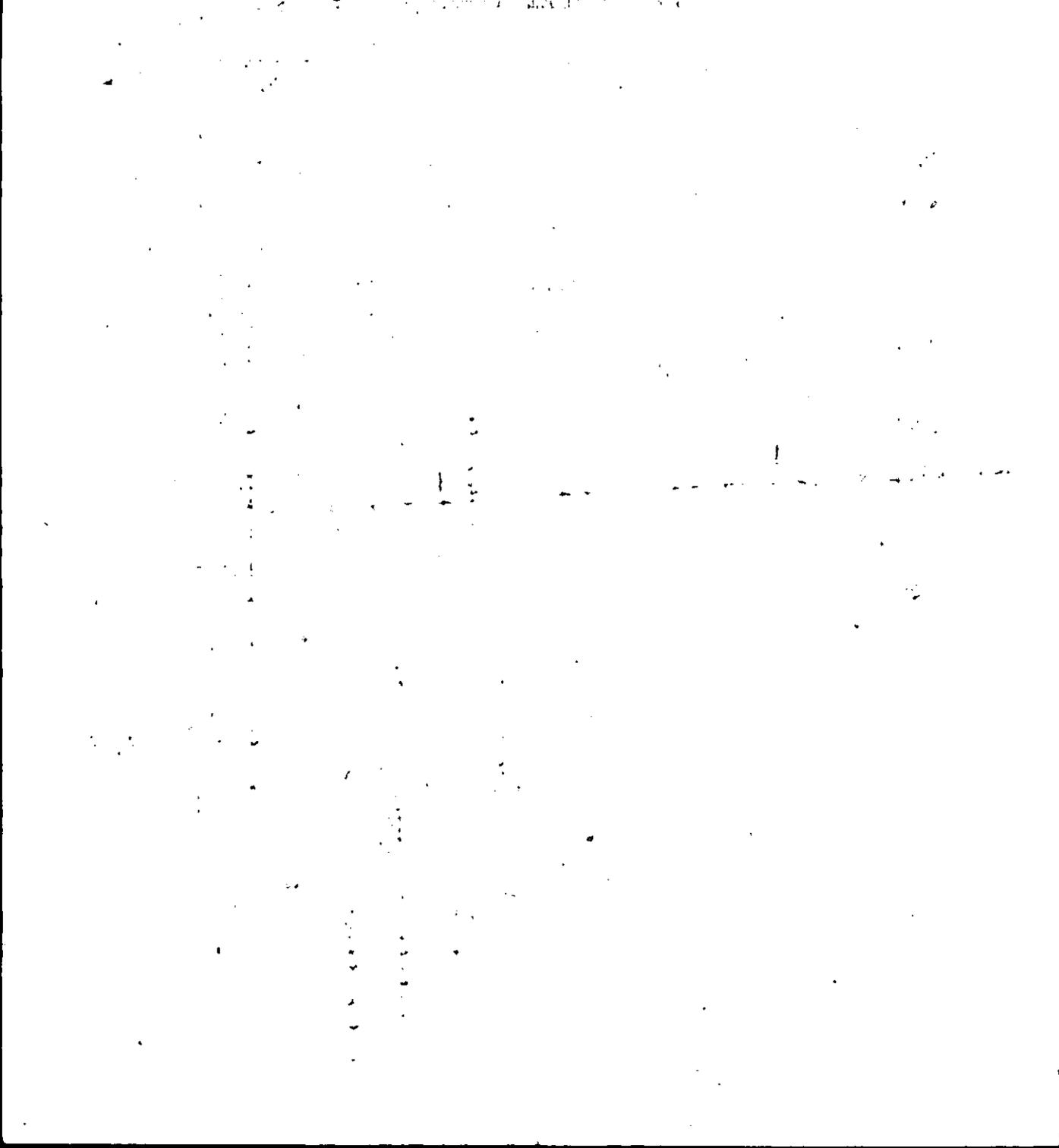
19. UNDERTAKER (ADDRESS) Portageville, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED 2-2-16-37 Mary W. Cook Registrar.

(Signed) [Signature] M. D.
 (Address) Portageville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County New Madrid
Township Partageville
City (No.) (Ward)

Registration District No. 607
Primary Registration District No. 5806

File No. 7409
Registered No.

2. FULL NAME

Bobbie Eugene Varn

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

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

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at

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

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

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 last worked at this occupation (month and year)

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

11. Total time (years) spent in this occupation

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

13. NAME Jo Varn

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Jo Varn

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

19. UNDERTAKER (ADDRESS)

20. FILED Feb 16, 1937 Mary W. Cook Registrar

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).....

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.

DIPLOMA

S-2407