

REC'D MAR 15 1938

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

Do not use this space.

6553

1. PLACE OF DEATH

27 County Cooper
 Township Kelley
 City Otterville (No.) St. Ward)

Registration District No. 219Primary Registration District No. 5299

File No.

Registered No.

2. FULL NAME Mary Katherine Varner 65'6"

(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 70 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF John Thompson Varner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-18557. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 0 15

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

Aged

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) Amanda Ohio13. NAME John W. Moose14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Sarah Rudolph Moose16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Louise E. Varner
Colo. Springs, Colorado

18. BURIAL, CREMATION, OR REMOVAL

PLACE Syracuse, Mo DATE 2-28-193819. UNDERTAKER (ADDRESS) Harker Funeral Service
Otterville, Mo.20. FILED Feb 27, 1938 Ann Whitaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26 193822. HEREBY CERTIFY, That I attended deceased from 2/26, 1938, to 2/26, 1938.

I last saw h..... alive on....., 19..... 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:

Chronic Valvular heart disease Date of onset OK

Other contributory causes of importance:

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) North Togle, M. D.(Address) Otterville Mo.

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.

