

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

Do not use this space.

1. PLACE OF DEATH

County Cape County
Township _____
City Cape Girardeau

Registration District No. 125
Primary Registration District No. 3009
St. St. Francis Hosp

File No. 2207
Registered No. 31
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Commerce 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 3 _____

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 _____

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

13. NAME Roy Varnon

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

15. MAIDEN NAME Goldie Roland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo.

17. INFORMANT Roy Varnon
(ADDRESS) Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Cem.
PLACE Commerce Mo. DATE 1/30/38

19. UNDERTAKER B. Spellinghoff Hubbs
(ADDRESS) Commerce Mo.

20. FILED 1 - 19 38
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/38 19 38

22. I HEREBY CERTIFY, That I attended deceased from 1/29/38, 19 38, to 1/29/38, 19 38.
I last saw him alive on 1/29/38, 19 38. Death is said

to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:

Burn
Shock
Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? none 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? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burned at home
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. E. Lee, M. D.
(Address) Commerce, Mo.

RECEIVED
FEB 2 1938
BUREAU OF VITAL STATISTICS
MISSOURI STATE BOARD OF HEALTH

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.

181

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2307
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township _____ Primary Registration District No. 3009 Registered No. 351
(c) City Cape Girardeau (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Ann Varnon

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 / 29 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19 to , 19

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

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

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

11. Total time (years) spent in this occupation _____

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

Burns caused by falling a pan of hot water

Date of onset 1/29/38

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

Other contributory causes of importance: shock

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19

Local Registrar.

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 Burned at home
Nature of injury _____

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

If so, specify _____

(Signed) A. E. Lee, M. D.

(Address) Jellmo

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

