

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.

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

Do not use this space.

39299

1. PLACE OF DEATH

County..... Andrew Registration District No..... 16
 Township..... Rochester Primary Registration District No..... 5030
 City..... Helena (No.....) St..... Ward.....

File No.....
 Registered No..... 11

2. FULL NAME

Robert Caden Varner

(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 4 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 (OR) WIFE OF Pennie J. Varner.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 10 | 8

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Merchant
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray County - Virginia

PARENTS

10. NAME OF FATHER John H. Varner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown - Virginia

12. MAIDEN NAME OF MOTHER Mary Kendrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown - Virginia

14. INFORMANT (Address) Pennie J. Varner - Helena - Missouri

15. FILED 12/31 - 28 ms. Bettie Boyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 - 1928

17. I HEREBY CERTIFY That I attended deceased from Dec. 26, 1928, to Dec. 30, 1928, that I last saw him alive on Dec. 30, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
10/10/28
 CONTRIBUTORY Cerebral Hemorrhage (SECONDARY) Stenility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed)..... C. L. Allen M. D.
Dec. 31, 1928 (Address) Cosby - Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Chapel Cemetery | **DATE OF BURIAL** Jan 2 1929

20. UNDERTAKER H. Mischoff | ADDRESS 1302 Varner St. Helena, Mo

