

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, No. 1325 North 10th. St. _____ Ward _____

File No. 7902
 Registered No. 308

2. FULL NAME Mary Elizabeth Varner,

(a) Residence, No. _____ St. _____ Ward Union Star, Missouri,
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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) Married,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Argolis O. Varner,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 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) DeKalb County, Missouri

13. NAME John McCorran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ireland,

15. MAIDEN NAME Jane Glover,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Illinois,

17. INFORMANT Mrs Scott Williams
 (ADDRESS) 1325 No. 10th. Street,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union Star, Mo. DATE March 17, 1934

19. UNDERTAKER Heaton BeGole + Bowman Funeral Home
 (ADDRESS) 319 S. 10th. St.

20. FILED 3-16- 19 34 John R. Borden,
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Mar 16, 1934
 I last saw her alive on Mar 14, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Carcinoma of lung metastatic Date of onset 2 yrs
Other contributory causes of importance:
Heart left breast carcinoma removed 2 1/2 yrs ago

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? _____ (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) J. H. Mason, M. D.
 (Address) St. Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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