

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Do not write in small characters.

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

Do not use this space.

**JUL 26 1937**

File No. **23052**

1. PLACE OF DEATH  
 County **Andrew** Registration District No. **16**  
 Township **Rochester** Primary Registration District No. **5020**  
 City **Helena,** (No. **2**) St. \_\_\_\_\_ Ward)

Registered No. **7**

2. FULL NAME **Fannie Judson Varner**  
 (a) Residence, No. **Helena, Mo.** St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **55** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Robert C. Varner</b>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May, 11, 1852</b>		
7. AGE	YEARS <b>85</b>	MONTHS <b>0</b>	DAYS <b>24</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home.</b>			
	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) <b>Bedford Co., Va.</b>				
FATHER	13. NAME <b>John A. Mitchell</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bedford, Va.</b>			
MOTHER	15. MAIDEN NAME <b>Eliza Clayton</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bedford, Va.</b>			
17. INFORMANT (ADDRESS) <b>Mrs. Bettie Boggess Stanberry, Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Union Chapel Cem.</b> DATE <b>June, 7, 1937</b>				
19. UNDERTAKER (ADDRESS) <b>Walter McElhopper 1302 Faraon St. St. Joseph, Mo.</b>				
20. FILED <b>June 6, 1937</b> <b>Lora E. Franke</b> Registrar				

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 35, 1935**, to **June 5, 1937**  
 I last saw her alive on **June 5, 1937**. Death is said to have occurred on the date stated above, at **10 a.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Myocardial Failure**  
**Other contributory causes of importance: Mitral insufficiency**

Date of onset **May 29, 1937**

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? **no** 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 **no**  
 Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **James H. Nichols** M. D.  
 (Address) **Helena, Mo.**

