

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

Do not use this space.

2309

File No. \_\_\_\_\_  
Registered No. 37 Ward \_\_\_\_\_

1. PLACE OF DEATH  
16 County Cape Registration District No. 121  
1 Township Cape Primary Registration District No. 3009  
4 City Cape Gir., Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ella May Varnum 655  
(a) Residence, No. 1218 Chestnut St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**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 E. E. Varnum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1884

7. AGE YEARS 53 MONTHS I DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Oak Ridge Missouri

FATHER 13. NAME John Godwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Molly Wampler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Carlin Varnum  
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Birds Cem. DATE Jan 30, 1938

19. UNDERTAKER Haman's Funeral Home  
(ADDRESS) Cape Gir., Mo.

20. FILED 1-28-1938 Registrar J. M. Thompson

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

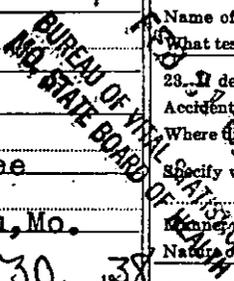
22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to Jan 28, 1938  
I last saw him alive on Jan 28, 1938 Death is said to have occurred on the date stated above, at 1:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Diabetic Coma Date of onset Jan 28, 1938

Other contributory causes of importance:  
Tuberculosis Pulmonalis Aug 1937  
Cholecystitis Dec. 1937

Name of operation Cholecystectomy Date of Jan 1938  
What test confirmed diagnosis? all 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 \_\_\_\_\_  
Where in injury occurred \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Carl W. Zimmerman M. D.  
(Address) Cape Girardeau Mo.



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

Dr. Z. K. ...