

AN - 3 1939

JAN 5 1939

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

Do not use this space.

44539

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Paradelet Primary Registration District No. 200
City North No. Rock Strip St. _____ Ward _____

File No. _____
Registered No. 2156
St. _____ Ward _____

2. FULL NAME

6511 Varna, Mary
(a) Residence, No. 2109 Walnut St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/15

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 1 24

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

FATHER
13. NAME Frank Varna

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

MOTHER
15. MAIDEN NAME Fannie Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

17. INFORMANT (ADDRESS) Rock Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Galveston DATE 1-3/39

19. UNDERTAKER (ADDRESS) Frank Jones
3921 Exchange Blvd

20. FILED JAN - 3 1939 G. R. Meyer, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1938, to 12/25, 1938

I last saw h. ex. alive on 12/24, 1938. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Pulmonary Tuberculosis Date of onset 9/1935

Other contributory causes of importance: Secondary Anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? Yes

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? Yes
If so, specify _____
(Signed) A. W. Jones, M.D.
(Address) Rock, Mo.

STATE EXAMINER, 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.

U.K.

