

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

Do not use this space.

1. PLACE OF DEATH
 County Pelliss Registration District No. 668 File No. 18027
 Township Sedalia Primary Registration District No. 3032 Registered No. 152
 City Sedalia (No.) St. Ward)

2. FULL NAME Earl Turner
 (a) Residence No. 1213 E 7th St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 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.

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 Ollie Turner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 11 2

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

9. BIRTHPLACE (CITY OR TOWN) Reserve Kans
 (STATE OR COUNTRY) Brown Co.

10. NAME OF FATHER Wm Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) White blood Kans
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT M. J. Turner
 (Address) Fall City, Neb.

15. 1014 5th E. Clifton, St. J. Love
 FILED 5-8-1928 REGISTRAR

2-MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th 1928

17. I HEREBY CERTIFY That I attended deceased Earl Turner from April 25 1928 to May 8th 1928, and that I last saw him alive on May 8th 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia bronchial.

Influenza (duration) 12 yrs. 4 mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Influenza (duration) 4 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED St. Marys Hospital
 IF NOT AT PLACE OF DEATH Sedalia Mo. no. no.
 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) E. J. Trader, M. D.
578, 1928 (Address) Sedalia Mo.

*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 Fall City, Neb. DATE OF BURIAL 5/9 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

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.

