

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

Do not use this space.

20036

1. PLACE OF DEATH

County Butler
Township Ashtelb
City Junland, Mo. (No.) St. Ward)

Registration District No. 92
Primary Registration District No. 5134B

File No.
Registered No.

2. FULL NAME

Frank Turner
(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS 48 MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Mayfield Kentucky

10. NAME OF FATHER Willis Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Caloway Co. Kentucky

12. MAIDEN NAME OF MOTHER Marilda Harper

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

14. INFORMANT Oscar Turner
(Address) Junland

15. Jan 7 - 1928 Vincent Westphal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1928

17. I HEREBY CERTIFY That I attended deceased from June 28 1928, to July 5 1928, that I last saw Frank alive on July 5 1928, and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
flex - & hemorrhage
of brain
12 NB
1938 (duration) mo. da.
CONTRIBUTORY (SECONDARY) Diphtheria (duration) yrs. mo. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) V. P. Westphal M. D.
Jan 7 1928 (Address) Fisk 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 Johnson Cemetery Reynolds DATE OF BURIAL 6/9 1928

20. UNDERTAKER W. W. Green, Poplar Bluff, Mo. ADDRESS

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

See through Frank

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.

