L 26 1928

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

Do not use this space.

21196

1. PLACE OF DEATH
County Livingston Registration District No. 1076 File No.
Township Grand River Primary Registration District No. 5681 Registered No. 3
City (No. St. Ward)

2. FULL NAME Susan 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	4	12	

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

9. BIRTHPLACE (CITY OR TOWN) Logansport
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER Do Not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do Not Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Do Not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do Not Know
(STATE OR COUNTRY)

14. INFORMANT Geo W. Turner
(Address) Hale Mo.

15. FILED Jun 12 1928 Mrs. Geo. Cox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1927, 19 to June 12, 1928 that I last saw her alive on June 10, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W P Kemp, M. D
June 12 1928 (Address) Hale 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 Eaton Cemetery
DATE OF BURIAL June 13 1928

20. UNDERTAKER Frank E. Slater
ADDRESS Hale Mo

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.