2 6 1928

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.

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

Do not use this space.

File No. 24548
Registered No. 593

1. PLACE OF DEATH
County: New Madrid
Registration District No.: 604
Primary Registration District No.: 4285
Township:
City: " (No. St. Ward)

2. FULL NAME: Florence Station

(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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July - 9 - 1902

7. AGE: Years 26 | Months — | Days — | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Likeston
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Henry Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ills
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Sarah Lutman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ills.
(STATE OR COUNTRY)

14. INFORMANT: Albert Turner
(Address): New Madrid, Mo

15. FILED 7/10, 1928 M Bennon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7 - 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1928, to July 9 - 1928, that I last saw h alive on July 9, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Malaria
2 d
(duration) 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? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Hist, Clinical fever
(Signed) A L Dryer, M. D
, 19 . (Address) New Madrid

*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: Gerrenberg Mo
DATE OF BURIAL: 7-10 1928

20. UNDERTAKER: Richards Und. Co
ADDRESS: New Madrid