

1928

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

Do not use this space.

31148

## 1. PLACE OF DEATH

County MonroeRegistration District No. 582Township ParisPrimary Registration District No. 4344City Paris (No. ....)

File No. ....

Registered No. 44

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. M. S. Murry Hospital 5th 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. 10 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)

widowed

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

Mathis H. Turner

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

Apr. 29, 1861

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

6749

## 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

self

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 10. NAME OF FATHER

Ruben Turner

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hannibal Marion Co. Mo.

## 12. MAIDEN NAME OF MOTHER

Elvira McRena

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hannibal Marion Co. Mo.

## 14.

INFORMANT (Address)

Porter Turner Stoutsville, Mo.

## 15.

FILED SEP 8, 1928

H. C. Payne  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1928, to Sept 8, 1928, that I last saw him alive on Sept 8, 1928, and that death occurred, on the date stated above, at 9 a m.

## THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) M. S. Murry, M. D.SEP 8, 1928 (Address) Paris, 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

DATE OF BURIAL

Stoutsville, Mo.9/9 1928

## 20. UNDERTAKER

ADDRESS

Speed & BlakeyParis, 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.

