

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

Do not use this space.

32576

1. PLACE OF DEATH

County Wayne
Township Mill Spring
City Wayne (No.)

Registration District No. 895
Primary Registration District No. 6197

File No.
Registered No. 28
St. Ward

2. FULL NAME

Wilma Jewell Turnbough
(a) Residence. No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3/20/28
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 | 5 | 29

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

10. NAME OF FATHER R. F. Turnbough
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.
12. MAIDEN NAME OF MOTHER Clara Nations
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

14. INFORMANT R. F. Turnbough
(Address) Fredmont Mo. R.F.H.

15. FILED 9/9 28 Ray J. Overend REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1928
17. I HEREBY CERTIFY THAT I attended deceased from Sept 12, 1928, to Sept 19, 1928, that I last saw him alive on Sept 18, 1928, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Pneumonia
10 1/2 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 101 (duration) yrs. mos. 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) Roy J. Overend, M. D.
9/19, 1928 (Address) Mill Spring 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
Carson Hill Cem 9-20 1928
20. UNDERTAKER ADDRESS
None

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.

