

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.

Dr Ames
 1 JAN 28 1929

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

Do not use this space.

43836

1. PLACE OF DEATH

County Wass. Registration District No. 1027
 Township Clinton Primary Registration District No. 6180
 City Clinton (No.) St. (Ward)

File No.
 Registered No.
 St. (Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. 7 mos. 16 da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Apr. 9. 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 | 7 | 16 | | |

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

9. BIRTHPLACE (CITY OR TOWN) Clinton township
 (STATE OR COUNTRY) Wass. Co.

10. NAME OF FATHER Jack Turnbull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R. F. Richardson
 (Address) mt view mo

15. FILED 9-12-29 J. Buehler
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

sa.m

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7- 1928

17. I HEREBY CERTIFY, That I attended deceased from April, 1924, to Dec 7, 1928, that I last saw him alive on Oct. 14, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis from old age.
162
97
Unknown (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cystitis
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Ames
 (Signed) A. B. Ames, M. D.
Dec. 29, 1928 (Address) Mountain Grove 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 12-28-1928

20. UNDERTAKER ADDRESS
N. L. Bolton Clinton Mo.

