B 23 94 8 6

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

Do not use this space.

3255

1. PLACE OF DEATH
County St. Francois — Registration District No. 779
Township Randolph — Primary Registration District No. 6024a
City Flat River Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Darrell Lesley Turnbul
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10-1928

7. AGE — YEARS: — MONTHS: 2 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Flat River Mo.

PARENTS
10. NAME OF FATHER Paul Turnbul
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Elving Mo.
12. MAIDEN NAME OF MOTHER Opal Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cantwell Mo.

14. INFORMANT Paul Turnbul
(Address) Flat River Mo.

15. FILED 2-1-1929 R.B. Lester
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-19-29 1-23, 19..., to 1-23, 1929 that I last saw him alive on 1-22 1929, and that death occurred, on the date stated above, at 1 20/9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1079 Broncho-pneumonia
8 9 9
158 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Obs media malnutrition
(duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harold C. Gueber M.D.
1-24-1929 (Address) Desloge 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: Herod Cemetry
DATE OF BURIAL: Jan 25 1929

20. UNDERTAKER: C. Z. Boyer
ADDRESS: Desloge 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.

...ERMANENT RECORD