MAY 25 1929

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

Do not use this space.

14471

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No. 66
Township — Primary Registration District No. 3018 — Registered No. 66
City Clinton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Virginia C. Turner
(a) Residence. No. 213 E. Jefferson 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-7-1861

7. AGE: Years 67 — Months 5 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John S. Butts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harper's Ferry
(STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER Elizabeth Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

14. INFORMANT Howard Goff
(Address) Clinton, Missouri

15. FILED Apr. 25 1929 Dr. E. C. Peelor REGISTRAR per J.G.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 24 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Apr 24, 1929 that I last saw her alive on Apr 24, 1929 and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Sigmoid.
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
(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? Clinical
(Signed) Ed C. Peelor, M. D
19 (Address) Clinton, 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: Englewood
DATE OF BURIAL: 4-26 1929

20. UNDERTAKER: Sims-Wilkinson
ADDRESS: Clinton Co. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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