

Mount Green

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

Do not use this space.

8 1930

1. PLACE OF DEATH

County Pike
Township Buffalo
City Louisiana

Registration District No. 689
Primary Registration District No. 3033
(No. Pike Co Hospital)

File No. 5996
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ernest Turner

(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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 39 6 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur + yard man
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Mrs Anna Bell Shaw

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Major Turner

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

12. MAIDEN NAME OF MOTHER Cindy Hughes

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

14. INFORMANT Mrs. Sadella Turner (wife) (Address) Louisiana, Mo -

15. FILED 7/18, 1930 J. C. H. J. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1930, to Feb. 17, 1930. That I last saw him alive on Feb. 17, 1930, and that death occurred, on the date stated above, at 6:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
133A Pernicious Anemia
93 Acute Pyelo-nephritis
71A Acute Myocarditis
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Essential Hypertension
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS Clinical + Laboratory
(Signed) Robert L. Audrae, M. D.

7/18, 1930 (Address) Louisiana 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 Reverend Louisiana Mo DATE OF BURIAL 7/19 30

20. UNDERTAKER J. C. H. J. ADDRESS Louisiana Mo

Andhra