

APR 23 1930

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

Do not use this space.

7582

1. PLACE OF DEATH
County Atchinson Registration District No. 22
Township Lincoln Primary Registration District No. 4016
City Westboro (No. St. Ward)

File No.
Registered No. 6

2. FULL NAME Ferry 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 17, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 8 25

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

9. BIRTHPLACE (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

10. NAME OF FATHER John Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) London, England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Merd

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

14. INFORMANT Mrs. Phoebe Turner
(Address) Westboro, Missouri

15. FILED 8-22-30 W. L. Coit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1929 to March 22 1930 that I last saw him alive on March 21 1930, and that death occurred, on the date stated above, at 2:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the prostatic gland
51C (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH yes DATE OF Sept 15, 1929

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) W. D. Watt, M. D.

8-22 1930 (Address) Westboro

*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 Center Grove DATE OF BURIAL March 24 1930

20. UNDERTAKER H. H. Schooler ADDRESS Westboro Missouri

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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PARENTS

