

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

Do not use this space.

18796

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 3007  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 133

**2. FULL NAME**

(a) Residence. No. Pike Co Mo 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. 11 mos. 23 da. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11<sup>th</sup> Day Mch. 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>41</u>	<u>3</u>	<u>0</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Cotia Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Alex Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER India Stepter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Va.

14. INFORMANT State Hospital Records  
(Address) Fulton Mo

15. FILED 16-16, 1930 R. M. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 5 - 1930, to June 11 - 1930 that I last saw him alive on June 10 - 1930, and that death occurred, on the date stated above, at 11:15 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Paralysis of the Insane (recovery phase)

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 76 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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? Autopsy  
(Signed) J. R. Frazer, M. D.

6/11, 1930 (Address) Fulton State Hosp. Hospital

\*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 Columbia, Mo DATE OF BURIAL June 17, 1930

20. UNDERTAKER Eli Beal ADDRESS Fulton 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.

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

*Drawn*

14  
5  
11

1952

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on  
 the subject of the land described in the foregoing  
 captioned instrument.  
 The land described in the foregoing captioned instrument  
 is situated in the County of [County Name], State of  
 [State Name], and is more particularly described as  
 follows:  
 [Detailed description of the land, including acreage, location, and any other relevant details.]  
 The land described in the foregoing captioned instrument  
 is owned by [Owner Name], who is the holder of the  
 title to the same.  
 The land described in the foregoing captioned instrument  
 is subject to the following conditions:  
 [List of conditions or restrictions on the land.]  
 The land described in the foregoing captioned instrument  
 is subject to the following conditions:  
 [List of conditions or restrictions on the land.]  
 The land described in the foregoing captioned instrument  
 is subject to the following conditions:  
 [List of conditions or restrictions on the land.]

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