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

Do not use this space.

21591

File No. 21591

Registered No.

1. PLACE OF DEATH
County Scott — Registration District No. 820
Township Sylvania — Primary Registration District No. 6069
City Perkins (No. ..... St. ..... Ward)

2. FULL NAME Bessie 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1st, 1907

7. AGE: YEARS 23 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Sikeston, Mo.

PARENTS
10. NAME OF FATHER: G. W. Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hickman County Tennessee
12. MAIDEN NAME OF MOTHER: Mary Forrester
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hickman County Tennessee

14. INFORMANT: Mary E. Turner
(Address) Perkins, Mo.

15. FILED 7-10 1930 G. J. Slickman REGISTRAR

MEDICAL CERTIFICATE OF DEATH 10 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 9, 1930, that I last saw her alive on June 9, 1930, and that death occurred, on the date stated above, at 10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonary tuberculosis 23A

31

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Uriel P. Haw, M. D.

, 19 (Address) Bertau, 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: Oran Cemetary — DATE OF BURIAL: June 30 1930

20. UNDERTAKER: Lair Und. Co. — ADDRESS: Charleston, 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.