SEP 26 1930

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

Do not use this space.

27661

1. PLACE OF DEATH
County Randolph
Township Chariton
City ..... (No. ..... St. ..... Ward)

Registration District No. 237
Primary Registration District No. 5-972

File No. 11
Registered No. ....

2. FULL NAME Willie Samuel 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	1	4	

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

9. BIRTHPLACE (CITY OR TOWN) Randolph County
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Henry Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Randolph County Mo
12. MAIDEN NAME OF MOTHER Letha Turner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Randolph County Mo

14. INFORMANT Mrs. Tonie Carney
(Address) Clifton Hill

15. FILED Aug 28 1930 O. F. Hatton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1925 to Dec 23 1929 that I last saw him alive on Dec 23 1929, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Polomyelitis
16
..... (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? .....
(Signed) J. D. McAdams, M. D.
8-27 1930 (Address) Prairie Hill 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 Thomas Hill Mo — DATE OF BURIAL Aug 27 1930

20. UNDERTAKER O. C. Minor — ADDRESS Huntsville Mo

N. B.—Every item of information should be given if possible. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.