

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

Do not use this space.

4171

1. PLACE OF DEATH

98 County Schuyler Registration District No. 805
Township Liberty Primary Registration District No. 605
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

Thomas J. 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 Mrs. J. J. Turner
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 21
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer 1
(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) Ohio

PARENTS
10. NAME OF FATHER Wm Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Jane Hannah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT Doctor Turner
(Address) Lancaster Mo

15. FILED Jan 11 1931 J. Justice
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931
17. I HEREBY CERTIFY, That I attended deceased from January 8, 1931 to January 11, 1931 that I last saw him live on January 11, 1931 and that death occurred, on the date stated above, at 6:47 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
1930 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Mitral Regurgitation
(SECONDARY) unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF BIRTH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) F. H. St. Vrainy, M.D.
1/5 1931 (Address) Downing St.

*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 _____ DATE OF BURIAL Jan 15 1931
Liberty Cemetery

20. UNDERTAKER John A Roberts ADDRESS Lancaster 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.

FILED 21 1931

