

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

Do not use this space.

11149-A

**1. PLACE OF DEATH**

County Putnam  
 Township Turner  
 City Turner (No. ....)

Registration District No. 716  
 Primary Registration District No. 8945

File No. ....  
 Registered No. 5  
 St. .... Ward

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.  
 (If nonresident give city or town and State)

**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 Jane E. Clairborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
90 5 14 — —

**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) Farming  
 (c) Name of employer Self

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Turner, Tenn.

**10. NAME OF FATHER**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

**12. MAIDEN NAME OF MOTHER**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

**14.**

INFORMANT W. S. Clairborn  
 (Address) Cracker 17th

**15.**

FILED 3/16 31 St. J. Bell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16 1931

17. I HEREBY CERTIFY That deceased from March 16 1931 that I last saw him alive on March 15 1931, and that death occurred, on the date stated above, at 12:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
117  
107 R

**CONTRIBUTORY (SECONDARY)**

Pneumonia (duration) 4 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF 11

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS St. J. Bell

(Signed) St. J. Bell M. D.

3/16 31 (Address) Cracker 17th

\*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**

Mitchell Chapel

3/17 1931

**20. UNDERTAKER**

**ADDRESS**

Paul B. Hooper

Cracker 17th

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.

APR 25 1931

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