

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

Do not use this space.

26064

**1. PLACE OF DEATH**

County: St. Francis Registration District No. 775-  
Township: Perry Primary Registration District No. 6070  
City: Bonne Terre, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 62

**2. FULL NAME**

Sarah Turley  
(a) Residence, No. Bonne Terre, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
76 8 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Dinwiddie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Moon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Mrs Doerick Langdon  
(Address) Bonne Terre Mo

15. FILED 7/21, 1931 H. A. Son REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to 7-19, 1931, that I last saw her alive on 7-18, 1931, and that death occurred, on the date stated above, at 7-19 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of stomach

465  
157 460 (duration) 1 yrs. 1 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Age (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH At Home

DID AN OPERATION PRECEDE DEATH? No (DATE OF \_\_\_\_\_)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Lee Turley, M. D.

7-20, 1931 (Address) Bonne Terre

\*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

Bonne Terre Cemetery 7/21 1931

20. UNDERTAKER ADDRESS

McLaughlin Und. Bonne Terre

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.



Page 10