

36678-1

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

Do not use this space.

36678-A

PLACE OF DEATH

County Washington
Township Belgrave
City Belgrade (No. _____)

Registration District No. 885
Primary Registration District No. 6183

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

John Edward 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 Julia E. Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .19 hrs. or .30 min.
68 8 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) aug - 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadrake Tennessee13. NAME John Turner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME no record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT Julia Turner (ADDRESS) Caledonia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Caledonia, Mo. DATE Oct. 26, 193119. UNDERTAKER W. R. White (ADDRESS) Granton, Mo.20. FILED Dec. 10, 1931 Mrs. J. M. Knox Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 193122. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Oct 22, 1931I last saw him alive on Oct 22, 1931. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis23A
114B

Other contributory causes of importance:

Rupture of R. Lung

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. F. Crispwell, M. D.(Address) Polase, 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.

