WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 21 1931

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

Do not use this space.

37282

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No.

Township S — Primary Registration District No. 4164 — Registered No. 67

City Salem, Mo (No. , St. Ward)

2. FULL NAME William 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: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1852

7. AGE: YEARS 79 — MONTHS 8 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ----- Tenn

FATHER

13. NAME [illegible] John Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ----- Tenn

MOTHER

15. MAIDEN NAME Ely Cordella Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---- Tenn

17. INFORMANT (ADDRESS) James Turner Salem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brushy Cem. DATE 11/16/31 19

19. UNDERTAKER (ADDRESS) Carl Spencer Salem Mo

20. FILED 11/16, 1931. H. A. Rudd, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to Nov. 14, 1931

I last saw him alive on Nov 14, 1931. Death is said to have occurred on the date stated above, at 7 P.m.

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

	Date of onset
Chronic Myocarditis	about
Chronic Nephritis	1924
1931	
1928	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) Lloyd H. Hunt M. D.

(Address) Salem, Mo