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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 531 — File No. 41508
Township White — Primary Registration District No. 8-709 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Susan R. Turner
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Wife of Thomas Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10-1852
7. AGE Years 79 Months 9 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mo.

FATHER
13. NAME Daniel Tile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Susan Ammerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Ralph Turner Sq. Gifford Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Helton DATE Dec 28 1931
19. UNDERTAKER (ADDRESS) W. H. McCollum Gifford
20. FILED ..... 19..... Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Dec 26, 1931
I last saw her alive on Dec 26 40 P 1931. Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestine	1930 June
46C	
130 46C	

Other contributory causes of importance:
Nephritis acute

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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 None
(Signed) James W. Cobb, M. D.
(Address) Goldsberry Mo

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.