Smith

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

Do not use this space.

11606

1. PLACE OF DEATH

County: Boone — Registration District No.: 73 — File No.:

Township: — Primary Registration District No.: 3006 — Registered No.: 90

City: Columbia (No. ..., ... St. ..... Ward)

10 3 8

2. FULL NAME: John Thomas Turner

(a) Residence, No. 5 Ripley St. 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.

MAY 23 1932

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-31-1877

7. AGE: Years 54 — Months 6 — Days 23. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer. 1
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): Boone County Mo. 1

FATHER

13. NAME: Matthew Arnold Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Mo.

MOTHER

15. MAIDEN NAME: Nancy Eliz. Carlyle.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 2

17. INFORMANT (ADDRESS): Mrs. Berkley Estes Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Olivet - Boone Co. DATE: 4-25, 1932

19. UNDERTAKER (ADDRESS): Thos. McCleary Columbia Mo.

20. FILED: 4/25/32, 19.... Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to April 23, 1932

I last saw him alive on April 23, 1932. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

	Date of onset
Lobar Pneumonia	
Sub-acute Nephritis	
Pyelonephritis	
Other contributory causes of importance: Infection	

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) Stephen D. Smith, M. D.
(Address) Columbia Mo.