

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

Do not use this space.

16867

1. PLACE OF DEATH

70- County Montgomery Registration District No. 592
 5- Township..... Primary Registration District No. 4250
 2 City Montgomery (No., St. Ward)

2. FULL NAME Emma V. 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 48 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 th 1870
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 9 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner 65
 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 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo 1

MOTHER FATHER 13. NAME John C. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

15. MAIDEN NAME Eliza E. Shortriley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo

17. INFORMANT (ADDRESS) Mrs H. B. Wilson Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon Mo DATE 5/24/32 19.

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED 6-10 19 32 D. G. Beullin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 - 1931, to May 22 - 1932
 I last saw him alive on May 22 - 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Osteo. Sarcoma upper Third Left humerus. Very large at terminal metastases?
5-3-31
 Other contributory causes of importance: None.
 Date of onset 1931.

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
 (Signed) David Nowlin M. D.
 (Address) Montgomery City 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.

APR 28 1932

