

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

Do not use this space.

18604

1. PLACE OF DEATH

4 County Andrew Registration District No. 26A
 Township Salisbury Primary Registration District No. 2-75034
 City Missouri Red, (No. 5) St. _____ Ward _____

File No. _____

Registered No. 63

2. FULL NAME

Jessie Lee Turner
 (a) Residence, No. R 5 - Maple St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis W. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Montgomery Ala

13. NAME Lillian J. Davis

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

15. MAIDEN NAME Oella J. Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Ala

17. INFORMANT H. E. Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City Mo DATE 6-6-1932

19. UNDERTAKER H. A. P. ... (ADDRESS) _____

20. FILED June 7 1932 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 - 1932

I HEREBY CERTIFY, That I attended deceased from June 1 - 1932 to June 5 - 1932
 I last saw him alive on June 5 - 1932 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Bronchial
asthma
Eudocardia
 Date of onset _____
 Other contributory causes of importance: Lobar pneumonia

Name of operation no Date of _____
 What test confirmed diagnosis physical Further an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? no 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 _____

H. E. Davis, M. D.
 (Address) Missouri Hill 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.

JUL 21 1932

JUL 19 1945