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

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

Do not use this space.

18847

1. PLACE OF DEATH

13 County: Caldwell — Registration District No.: 97

Township: Kidder — Primary Registration District No.: 5143

City: ..... No. ..... St. ..... Ward)

File No.: .....

Registered No.: 10

2. FULL NAME: Jacob 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: 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 23-1844

7. AGE: YEARS 88 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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: [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co., Ohio

FATHER

13. NAME: John Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Susanna Timberman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Fred Turner, Kidder Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Kidder Mo. DATE 6/20, 1932

19. UNDERTAKER (ADDRESS): A. F. Powell, Kidder Mo.

20. FILED 6/18, 1932 — A. F. Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June-16-, 1932

I last saw him alive on June-16, 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

	Date of onset
R.I.C. Carcinoma of Prostate	?
Other contributory causes of importance: Arteriosclerosis	?

Name of operation ..... 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) L. M. Gordon, M. D.

(Address) Kidder Mo.