

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.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

18873

Certificate of Death
CERTIFICATE OF DEATH

1. PLACE OF DEATH

14 County Callaway Registration District No. 105
Township Wright Primary Registration District No. 5-155
City Callaway Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

Sena Mary 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 1 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Normand Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-20-1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Charlottesville Mo

MOTHER 13. NAME Henry Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

MOTHER 15. MAIDEN NAME Anna Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

17. INFORMANT Mrs. Anna Day (ADDRESS) Callaway, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Callaway Cemetery DATE 6-20-32, 1932

19. UNDERTAKER W. H. Williams (ADDRESS) Callaway, Mo

20. FILED 6-19-1932 W. H. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932 to June 18, 1932
I last saw him alive on June 18, 1932 Death is said to have occurred on the date stated above, at 4:30 a. m.

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

Pernicious Anemia
VIA MIA
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Blot out 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) W. H. Williams, M. D.
(Address) Callaway, Mo

