WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 25 1932

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

Do not use this space.

23484

File No.

Registered No.

1. PLACE OF DEATH

County: Montgomery — Registration District No.: 523

Township: — Primary Registration District No.: 4250

City: Montgomery (No. , St. Ward)

2. FULL NAME: Fannie E. Turner

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Egar E. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22nd 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71		2	

OCCUPATION

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

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): Lincon Co Mo

FATHER

13. NAME: Lafette Bedier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County Mo

MOTHER

15. MAIDEN NAME: PerryLee Wommack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Un Known

17. INFORMANT (ADDRESS): Mrs. Fay Bush, St Louis Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Montgomery Mo DATE: 7/26/32, 19

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

20. FILED 7-10, 1932 — O. J. Beulty, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1932, to July 24, 1932

I last saw h... alive on July 20, 1932. Death is said to have occurred on the date stated above, at 9: P m.

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

	Date of onset
Carcinoma of Womb	1931
Secondary deposit in Stomach	
48	
48B	

Other contributory causes of importance:

Name of operation: 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) E. W. Tinsley, M. D.

(Address) Montgomery City Mo