

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

Do not use this space.

26723

**1. PLACE OF DEATH**

61 County Moan Registration District No. 534  
Township Linger Primary Registration District No. 5711  
City, (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8  
Registered No. 534

**2. FULL NAME**

Dwessel Stephenson 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1931

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.  
1 1 29

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

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) Moan Mo

13. NAME Gerald Turner

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

15. MAIDEN NAME Edna Stephenson

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

17. INFORMANT (ADDRESS) Gerald Turner

18. BURIAL, CREMATION, OR REMOVAL PLACE Rice Cemetery DATE Aug 8, 1932

19. UNDERTAKER (ADDRESS) Jas McLaughlin

20. FILED Aug 24, 1932 9<sup>th</sup> Sunday

Registrar..

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1932 to Aug 6, 1932  
I last saw him live on Aug 6, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:  
Dysentery and Enteritis Date of onset July 29

1195 119  
Other contributory causes of importance:  
Teething

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) Dwessel, M. D.

(Address) Moan 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.

SEP 24 1932

RECORDS AND STATISTICS A PERMANENT RECORD

