

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.

9 1933

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

Do not use this space.

36714

1. PLACE OF DEATH:
 82 County Like Registration District No. 689
 5 Township _____ Primary Registration District No. 3033
 4 City Louisiana No. 111 Geo St. _____ Ward _____

2. FULL NAME Mary Turner
 (a) Residence, No. 111 Geo 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 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 John Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880 (about)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>about 52</u>				

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

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) Cathoun Co Mo

FATHER

13. NAME Wm Golden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (2) 31

MOTHER

15. MAIDEN NAME Catherine Aimes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (2)

17. INFORMANT John Turner
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Riverside DATE 11/26 32

19. UNDERTAKER F. H. ...
(ADDRESS) Louisiana Mo

20. FILED 11/24 1932 F. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 1932

2. I HEREBY CERTIFY, That I attended deceased from Dec - 1931 to 11-23 1932

I last saw her alive on 11-23 1932 Death is said to have occurred on the date stated above, at 8:45 m.

The principal cause of death and related causes of importance were as follows:
Chronic Organic Heart disease

Other contributory causes of importance:
9500 9513

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? No.
 If so, specify _____
 (Signed) Charles D. Jewellen, M. D.
 (Address) Louisiana Mo

Date of onset
Do not know

