MAR 3 1933

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

Do not use this space.

2735

1. PLACE OF DEATH

83 County Platte — Registration District No. 698 — File No.

Township Marshall — Primary Registration District No. 5927 — Registered No. 4

City I — (No. 1/4 mi -, north Iatan Mo. St. Ward)

2. FULL NAME George Paulden Turpin

(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 65 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Frances Turpin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1856.

7. AGE: YEARS 76 | MONTHS 7 | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer. 2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) Jan. 1928
11. Total time (years) spent in this occupation 52

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown. Texas.

FATHER

13. NAME Bailous B. Turpin
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER

15. MAIDEN NAME unknown
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown.

17. INFORMANT (ADDRESS) Edna Turpin Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Bethel DATE Jan 14 1933

19. UNDERTAKER (ADDRESS) Heaton Be Gole + Bowman St Joseph Mo.

20. FILED 1/13 1933 J H Brill Registrar

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 12, 1933

I last saw him alive on Jan 12, 1933 Death is said to have occurred on the date stated above, at 4:10 p. m.

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

Myocarditis — Date of onset Dec 31 1932

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Other contributory causes of importance:

Chronic Nephritis

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [signature] M. D.
(Address) [illegible] Atchison Ks

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.