

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 20 1935

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

Do not use this space.

15578

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township _____

Primary Registration District No. 3001

City Kirksville (No. _____)

File No. _____

Registered No. 101

St. _____ Ward _____

2. FULL NAME Charles Roth Turner

(a) Residence, No. Kirksville, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirksville, Mo.</u>		
13. NAME <u>Leonard Porter Turner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kirksville, Mo.</u>		
15. MAIDEN NAME <u>Hester Roth</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson, Mo.</u>		
17. INFORMANT <u>Leonard Porter Turner</u> (ADDRESS) <u>Leonard Porter Turner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stuyvesant Cem</u> DATE <u>May 30, 1935</u>		
19. UNDERTAKER <u>Davis & Wilson</u> (ADDRESS) <u>Kirksville, Mo.</u>		
20. FILED <u>5/31</u> , 19.33 <u>Mrs. C. H. Becker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to May 30, 1933
I last saw her alive on May 30, 1933 Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Pneumonia
161A
161A

Other contributory causes of importance:

Name of operation _____ Day of _____
What test confirmed diagnosis? Physical findings 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) Roy M. Wolf, M. D.
(Address) Kirksville, Mo.

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