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

Do not use this space.

File No. 19236

Registered No. 31

1. PLACE OF DEATH

County: Clinton — Registration District No.: 204

Township: — Primary Registration District No.: 3013

City: Cameron (No. ..., ... St. ... Ward)

2. FULL NAME: John 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 ... 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1867

7. AGE: Years 65 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Clay Co. Mo

FATHER

13. NAME: James Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

MOTHER

15. MAIDEN NAME: Sallie Stayley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

17. INFORMANT (ADDRESS): Mrs. John Turner, Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: McDaniel Cem. DATE: 6-14, 1933

19. UNDERTAKER (ADDRESS): J. W. Poland, Cameron Mo.

20. FILED: 6/14, 1933 D. A. Riley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to 6-13-, 1933

I last saw h... alive on 6-1-, 1933. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

	Date of onset
Acute Myocarditis	Unknown
Other contributory causes of importance:	
Atherosclerosis	Unknown

Name of operation: None 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) L. A. Wilson, M. D.

(Address) Cameron, Mo.

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.

JUN 22 1933