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

Do not use this space.

28497

1. PLACE OF DEATH

County Schuyler — Registration District No. 806

Township ~~Prairie~~ — Primary Registration District No. 4148 30

City Near Queencity Mo, (No. ..., St. ..., Ward)

File No. ...

Registered No. ...

2. FULL NAME Maru Elizabeth 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 25 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 Thomas Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1867

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	2	24	

OCCUPATION

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

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) Near Greenville Tenn.

FATHER

13. NAME Thomas N. West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Greenville Tenn.

MOTHER

15. MAIDEN NAME Sarah Jane Starnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Tenn,

17. INFORMANT (ADDRESS) Wm N, West Queencity Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Zion cem. DATE Aug 23 1933

19. UNDERTAKER True Morehead
(ADDRESS) Lancaster Mo

20. FILED 8/22 1933 J T Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 16 1933, to Aug 21 1933

I last saw her alive on Aug 19 1933 Death is said to have occurred on the date stated above, at 8 a. m.

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

	Date of onset
Carcinoma of The liver	
HCE	

Other contributory causes of importance:

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? ... 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) N. R. Johnson, M. D.

(Address) Glenwood Mo.

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2