

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.

JAN 26 1934

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

Do not use this space.

39414

1. PLACE OF DEATH
 17 County Carroll Registration District No. 185
 3 Township Carrollton Primary Registration District No. 3010
 4 City Carrollton (No.) St. Ward
 2. FULL NAME Carl L. Turner
 (a) Residence, No. 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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. — 1 18
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Carrollton Mo.
 FATHER
 13. NAME Virgil Turner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER
 15. MAIDEN NAME Lucille Garnett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.
 17. INFORMANT Lucille Turner
 (ADDRESS) Carrollton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Glenn Park DATE 12-8-33
 19. UNDERTAKER Stanley
 (ADDRESS) Carrollton, Mo.
 20. FILED 12-8-33 Quay Hopkins
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6th, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 12-6-33, 1933, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Broncho
Whooping Cough
 Date of onset 12-1-33
 Other contributory causes of importance: Whooping Cough 11-15-33
 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? _____
 If so, specify _____
 (Signed) A. B. Drovers, M. D.
 (Address) Carrollton, Mo.

