

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

Do not use this space.

9888

MAY 25 1934

1. PLACE OF DEATH

County Oregon Registration District No. 654
 Township Highland Primary Registration District No. 5857
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Oregon co mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 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 Emily Cordelia Niese

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arrowsmith
Illinois

10. NAME OF FATHER

John Niese

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Germany
D.K.

12. MAIDEN NAME OF MOTHER

Susana Kauffmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Penn

14. INFORMANT Mattie Hudson
 (Address) Shelton Iowa

15. FILED Mar 9 1934 Mrs. Valeria Moore
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Mar 27, 1934, that I last saw him alive on Mar 27, 1934, and that death occurred, on the date stated above, at 5:15 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberchlosis of Lungs

CONTRIBUTORY (SECONDARY) Exposure (duration) 5 yrs. 10 mos. 1 ds.

CONTRIBUTORY (SECONDARY) (duration) 10 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS History & Semptom
 (Signed) J. S. Hares, M. D.
 (Address) Alton mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Redburn Cemetery DATE OF BURIAL 3/29 1934

20. UNDERTAKER Leo Carr ADDRESS Trayer mo

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it can be properly classified.

16
22

PARENTS -

1912

CAUSE OF DEATH in plain text. Exact statement of

COCAINE is very im

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon

Registration District No. 634

Township Highland

Primary Registration District No. 5837

City Highland (No. 1)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Henry Andrew Turk

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1868

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 | 11 | 28

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

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

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME John Turk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Susanna Chapman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mattie Johnson
Sheldahl Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Redburn Cemetery DATE 3-8

19. UNDERTAKER (ADDRESS) Les Card
Shayer mo

20. FILED 3-9 1934 Mrs Valeria Moore
Registrar.

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 1-15 _____

(Signed) V. L. Street, M. D.

(Address) Alton Mo

REGIST. ... L NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. H in plain text ... classified. Exact statement of OCCUPATION. very important.

SUPPLEMENTARY

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