

MAY 25 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Ray  
Township Orick  
City (No. ....) St. .... Ward)

Registration District No. 743  
Primary Registration District No. 5978

File No. 10112  
Registered No. 6

2. FULL NAME Ollie 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lon Turner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/25/18747. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 5 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Orick Mo  
Ray Co13. NAME For Woods14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick Mo  
Ray Co15. MAIDEN NAME Martha Mc Kissack16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orick Mo  
Ray Co17. INFORMANT Lon Turner  
(ADDRESS) Orick Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brasher Creek DATE 3/17 193419. UNDERTAKER E. V. Gibson  
(ADDRESS) Orick Mo20. FILED 5-8 1934 Edgate Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16 193422. I HEREBY CERTIFY, That I attended deceased from Jan 9 1934, to Mar 25 1934. I last saw her alive on Mar 15 1934. Death is said to have occurred on the date stated above, at 8 P. m. The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset  
11/12  
11/12  
11/12

Other contributory causes of importance:  
Plaurisy with effusion  
and cardiac failure

Name of operation ..... Date of .....  
What test confirmed diagnosis? Lab. of Clinics Was there an autopsy? no23. 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) Edgate , M. D.  
(Address) Orick, Mo.

STATE OF DEATHS IN PHRASES, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

2350

