

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 99
Township Plateau Primary Registration District No. 5038
City (No.) St. (No.) Ward)

File No. 15654
Registered No. 219

2. FULL NAME

(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.

Herbert Turner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Infant)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Infant)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 21

OCCUPATION 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. "at Home"
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) Cassville mo

MOTHER 13. NAME F. D. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Springfield mo

15. MAIDEN NAME Krell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. mo

17. INFORMANT (ADDRESS) H. D. Turner Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 22 1934

19. UNDERTAKER (ADDRESS) W. H. Neuman Cassville, Mo.

20. FILED 5-29 1934 W. H. Neuman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 5 1934 to May 21 1934
I last saw him alive on May 21 1934. Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia, 5/8/34
Pneumococci Pneumonia,
1934
Other contributory causes of importance 1934

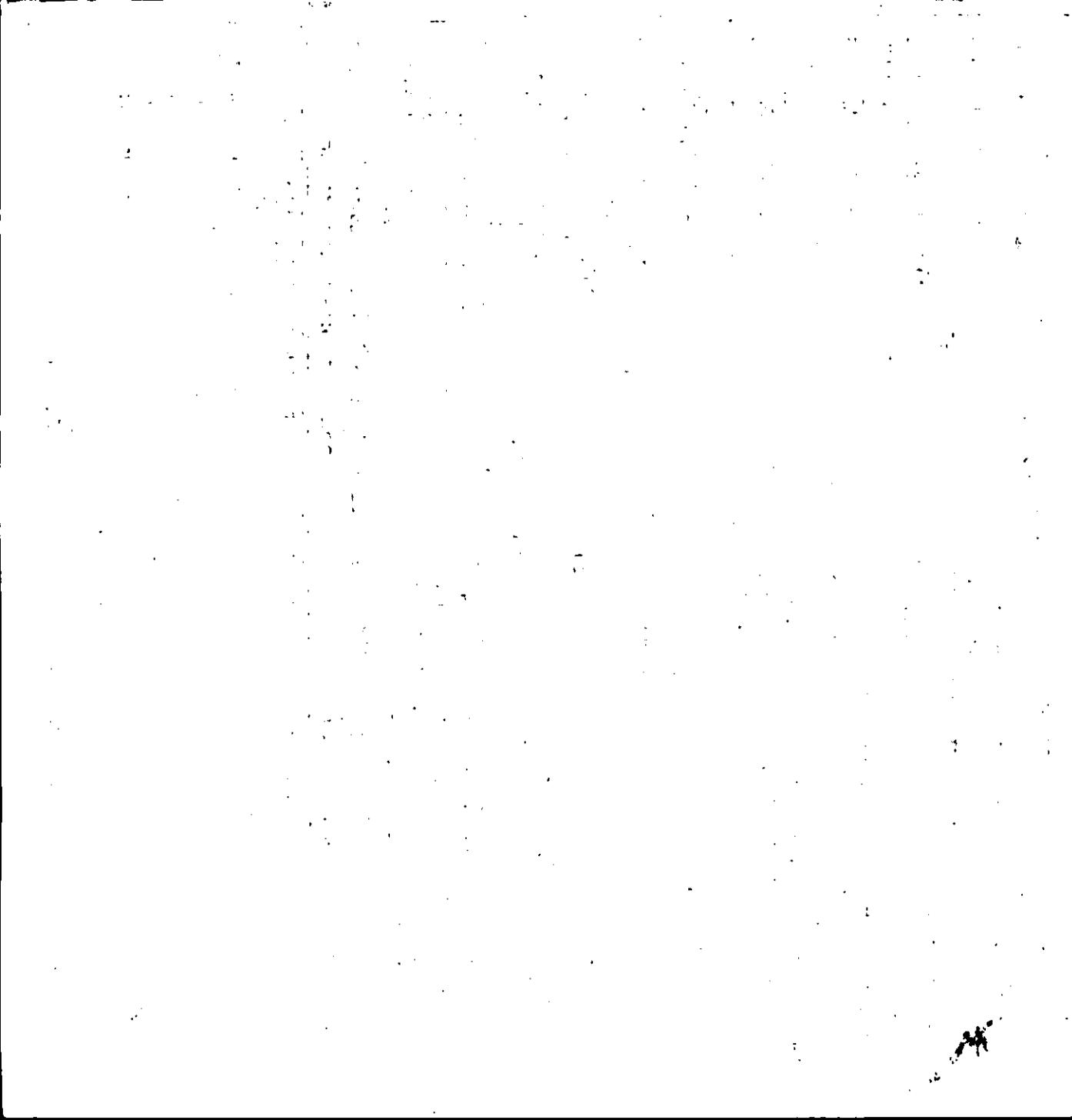
Name of operation 12/21/34 Date of 12/21/34
What test confirmed diagnosis? Was there an autopsy?

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) W. H. Neuman D.
(Address) Cassville, Mo.



**MISSOURI STATE BOARD OF HEALTH
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May 34
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buena Vista
Township Flat Creek
City Glen (No.)

Registration District No. 29
Primary Registration District No. 5038

File No.
Registered No. 27
St. Ward

2. FULL NAME

Glen Herbert Turner

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 6 21

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Geo. W. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/34 19

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

I last saw h. alive on , 19 . Death is said to have occurred on the day of , 19 at m.

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

Date of onset

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?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

48851-5