

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No. 17117
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 802 Prospect 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 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 Allice Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 16

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

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) Knoxville Tennessee

13. NAME John Turner

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

15. MAIDEN NAME Allice

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

17. INFORMANT Mrs. Allice Turner
(ADDRESS) 802 Prospect - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Crest Cemetery DATE May 26, 1934

19. UNDERTAKER Frederic M. Ostrowsky
(ADDRESS) Carthage Mo.

20. FILED May 26, 1934 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1934 to May 25, 1934

I last saw him alive on May 27, 1934 Death is said to have occurred on the date stated above, at 1:50 P.M.

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

Toxic absorption from old sloughing ulcer back. 153 B 69 B 153
Date of onset 1933

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? for physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury

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) H. A. LaFare, M. D.

(Address) Carthage Mo

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.

JUN 22 1934

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