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

Do not use this space.

21483

1. PLACE OF DEATH 82
County Pike
Township Calumet
City Clarksville
Registration District No. 685
Primary Registration District No. 590913
File No. 25
Registered No. 28
St. Ward)

2. FULL NAME Mollie 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 Female
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15-1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	7	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Clarksville Mo

FATHER
13. NAME Wm Dunkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Mary E Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Annie Bowlin Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover DATE June 19 1934

19. UNDERTAKER (ADDRESS) L H Brown Clarksville Mo

20. FILED 6-30 1934 W. W. Treadway Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1934

22. I HEREBY CERTIFY That I attended deceased from June 4, 1934, to June 17, 1934
I last saw her alive on June 17, 1934. Death is said to have occurred on the date stated above, at 10:35 a m
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset Jan 16-34
82 A
97
102

Other contributory causes of importance:
Arterio sclerosis Nuclei
B.P.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify —
(Signed) E M Bartlett, M. D.
(Address) Clarksville Mo

CAUSE OF DEATH ... PHYSICIANS should state ... OCCUPATION is very important.
JUL 13 1934