

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.

AUG 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Osage  
Township Sabouri  
City Mexico (No. \_\_\_\_\_)

Registration District No. 26  
Primary Registration District No. 3002

File No. 23075  
Registered No. 98  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Taylor Thomas Turley

(a) Residence, No. 1821 Northwest 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

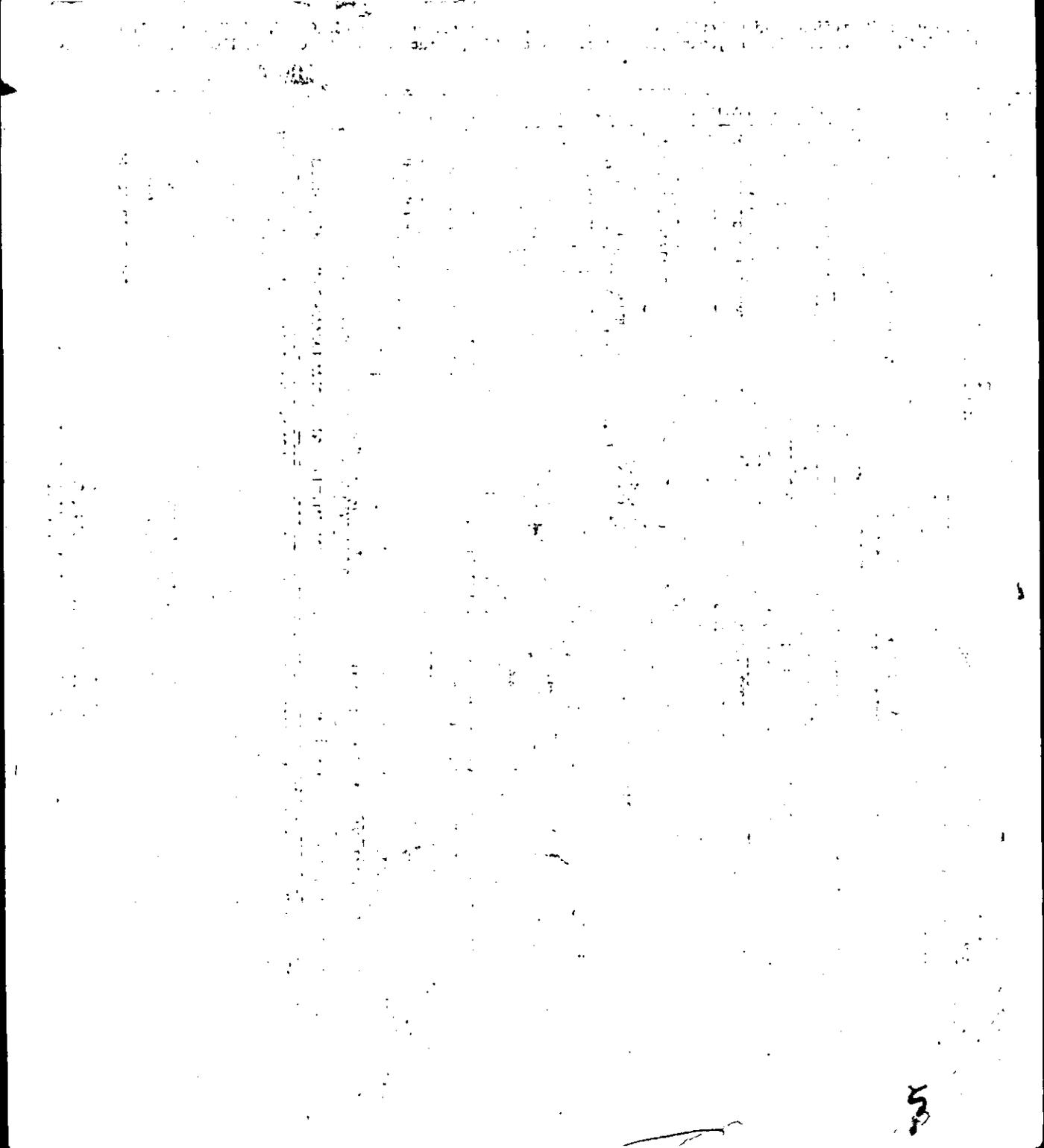
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy C. Turley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15-1844</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>10</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
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) <u>Springfield, Mo.</u>		
13. NAME <u>George W. Turley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Susan Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Kitty O. Turley</u> (ADDRESS) <u>Mexico Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chmwood</u> DATE <u>July 23 1934</u>		
19. UNDERTAKER <u>H. A. Pruss &amp; Son</u> (ADDRESS) <u>Mexico Mo</u>		
20. FILED <u>7-23</u> 19 <u>34</u> <u>Blanche Neely</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 16 1934 to July 21 1934  
I last saw him alive on July 21 1934 Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Raynauds Disease -  
caused by - constriction  
- spasm of arteries  
gangrene of Rt foot -  
Other contributory causes of importance:  
990  
998

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination 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? No  
If so, specify \_\_\_\_\_  
(Signed) R. H. Van Hingardner, M. D.  
(Address) Mexico Mo



#2 *Audrain*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McLaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

98

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Taylor Thomas Turley  
Who died at \_\_\_\_\_ on July - 21 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, ~~married~~, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 89 Months 10 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Raynolds Disease, caused by  
Constrictions spasms of Arteries, gangrene of rt. foot.

Gangrene caused as stated above - lack of circulation  
Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Blanche Neely Date filed 7/23/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 26

Primary Reg. Dist. No. 3002

Very truly yours,

*E. T. McLaugh, M.D.*

Special Agent.

