WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

OCT 15 1934

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

Do not use this space.

File No. 33323
Registered No. 35

Registration District No. 486
Primary Registration District No. 4293

1. PLACE OF DEATH
County: Lincoln
Township:
City: Elsberry No. St. Ward)

2. FULL NAME: Floyd Turnbull Jr.

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 - 1920

7. AGE: Years 14 | Months 0 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

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.: School Boy
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): Elsberry Mo

FATHER
13. NAME: Floyd Turnbull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Mo

MOTHER
15. MAIDEN NAME: Lorene Lyons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elsberry Mo

17. INFORMANT (ADDRESS): Floyd Turnbull

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elsberry DATE: Sept 21 1934

19. UNDERTAKER (ADDRESS): W. L. Bradley

20. FILED 10/10 1934 C. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 14. 1934

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 date stated above, at 6 p. m.

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

	Date of onset
Accident - Shot with rifle by playmate died instantly	172.

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~~? Accident 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) J. C. Knapp "Justice of Peace"
(Address) Hartford Township. Elsberry, Mo