

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

Do not use this space.

33335

1. PLACE OF DEATH
 County Linn Registration District No. 501
 Township Excelsior Primary Registration District No. 4304
 City Summers (No. _____) St. _____ Ward) _____

2. FULL NAME Emogene 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3 1919</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</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>Summers Missouri</u>		
MOTHER FATHER	13. NAME <u>Halley Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summers Missouri</u>	
	15. MAIDEN NAME <u>Frances Stannard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summers Missouri</u>	
17. INFORMANT <u>Halley Turner</u> (ADDRESS) <u>Summers Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W.C. Lee</u> DATE <u>Sept 26 1934</u>		
19. UNDERTAKER <u>Thorne Wash Co.</u> (ADDRESS) <u>Summers, Mo.</u>		
20. FILED <u>10-10 1934</u> <u>J. W. Webb</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1934 to Sept 24 1934
 I last saw h. a. alive on Sept 24 1934 Death is said to have occurred on the date stated above, at 9:30 P.m.
 The principal cause of death and related causes of importance were as follows:
Septicemia (post-operative sepsis)
Peritonitis
Lung abscess
 Date of onset Sept 15 1934

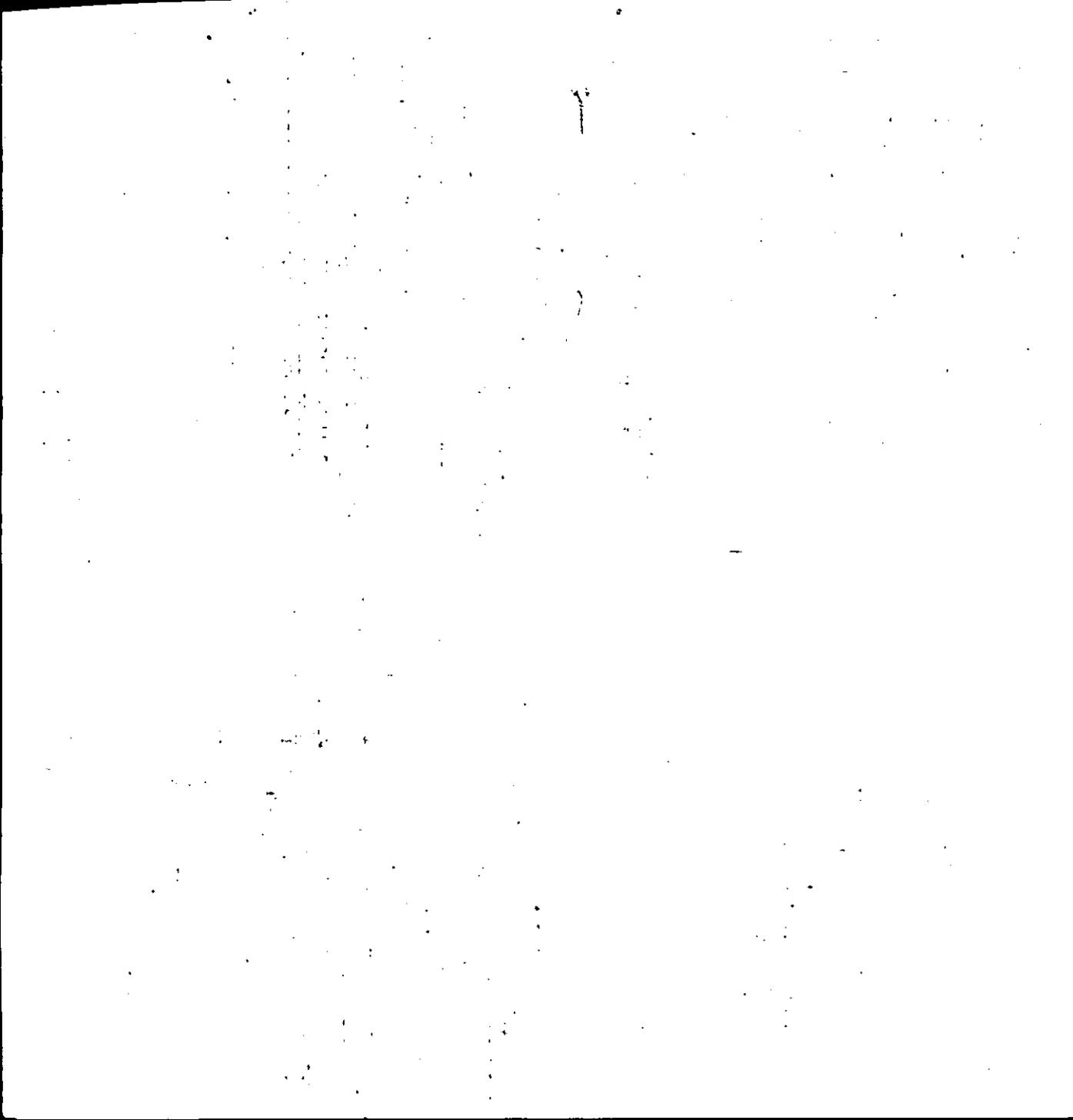
Other contributory causes of importance:
12:1 B
12:43

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) J. P. Dillon, M. D.
 (Address) Summers Mo



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Burn
Township Leont Creek
City _____ (No. _____)

Registration District No. 501
Primary Registration District No. 4304

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Eugene 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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-3-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 X 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) _____

MOTHER FATHER 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 1934 J. W. Webb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Septicemia (Date of onset _____)
Port appendectomy

Other contributory causes of importance:
Septicemia
lung abscess - due to other infection - (not of tubercular)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-233335