

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

Do not use this space.

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
 Township \_\_\_\_\_ Primary Registration District No. 3001  
 City Turkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 35087  
 Registered No. 191

**2. FULL NAME**

Mrs Mary A Turner  
 (a) Residence, No. 105 S. 2nd St. Ward. 4  
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1847

7. AGE YEARS 86 MONTHS 11 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) Schliff (STATE OR COUNTRY) Bavaria

13. NAME Matthias Zempelman

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Elizabeth Gossard

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. J. B. Waters (ADDRESS) Turkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marks DATE Oct 9 1934

19. UNDERTAKER Spencer L. Freeman (ADDRESS) Turkville Mo.

20. FILED Oct 6, 1934 Spencer Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1934 to Oct 5, 1934  
 I last saw her alive on Oct 4, 1934 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach Date of onset 1933 (?)  
46 B  
46 C 46 D  
 Other contributory causes of importance:  
Chronic myocarditis several years ago

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Wright Clinical Exam 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) Spencer L. Freeman, M. D.  
 (Address) Turkville, 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.

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OCT 11 1934

