NOV 10 1934

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

Do not use this space.

File No. 35643
Registered No. 70

1. PLACE OF DEATH
County: Dent
Registration District No.: 266
Primary Registration District No.: 4164
Township:
City: Salem Mo. No. St. Ward)

2. FULL NAME: Robert Williamson 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. 8 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22-1854

7. AGE: Years 80 Months 6 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
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): Phelps Co Mo.

FATHER
13. NAME: S. P. Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sarah Hammock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Verba Turner 3210 McGee Kansas City

18. BURIAL, CREMATION, OR REMOVAL: Oak Ridge Cemetery DATE 11/1 1934

19. UNDERTAKER (ADDRESS): H. Dobson Salem Mo.

20. FILED 11/1 1934 M. E. Rudd, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934 to Oct 30, 1934, 1934
I last saw him alive on Oct 30, 1934, Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1934
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Other contributory causes of importance:

Cardio vascular renal disease	1932

Name of operation: None Date of
What test confirmed diagnosis? Physical 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) Lloyd H. Hunt, M.D.
(Address) Salem 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.