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.

DEC 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 40032

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 316

City Hannibal (No. 2421 Market St. 6 Ward)

2. FULL NAME John Franklin Turner

(a) Residence, No. 2421 Market St., 6 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5-1859

7. AGE: YEARS 75 — MONTHS 5 — DAYS 26 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Monroe Co. Mo.

FATHER

13. NAME: Enis Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Martha Turnbough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Nona White Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL: near Monroe City Mo.
PLACE De Moss Cemetery DATE Nov. 3 1934

19. UNDERTAKER (ADDRESS): Roy P. Schwartz Hannibal Mo.

20. FILED Nov 3 1934 R. H. Isbister Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1 - 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 7:00 a.m.

Found dead at

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

Found dead in bed

Probably myocarditis

Date of onset

Other contributory causes of importance:

93D

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~~ death occurred in industry, in home, or in public place. Home

Manner of injury: Found dead in bed.

Nature of injury: no sickness

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Cecil E. Schwartz

(Address) Hannibal, Mo.

Coroner, Marion Co. Mo.