

DEC 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Peru
Township Little River
City Wardell

Registration District No. 1099
Primary Registration District No. 5868

File No. 40269
Registered No. 38
St. Polk Ward

2. FULL NAME

Annabel Turner

(a) Residence, No. Polk St., Wardell Ward.

Length of residence in city or town where death occurred 4 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harrison Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>not known</u>		
7. AGE	YEARS	MONTHS
	<u>45</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Housekeeper</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>own home</u>
10. Date deceased last worked at this occupation (month and year) <u>until Oct. 1933</u>		11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palatka, Ark.</u>		
13. NAME <u>John Polk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Fannie Doyle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT (ADDRESS) <u>Harrison Turner (Husband)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul Conn.</u> DATE <u>12-31</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Rev. Moore Wardell</u>		
20. FILED <u>129</u> 19 <u>34</u> <u>J. F. Heagy</u> Registrar.		

 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov. 29</u> 19 <u>34</u>	Date of onset <u>11-25-34</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>11-20</u> 19 <u>34</u> , to <u>11-26</u> 19 <u>34</u> . I last saw her alive on <u>11-26</u> 19 <u>34</u> . Death is said to have occurred on the date stated above, at <u>5:00</u> p. m. The principal cause of death and related causes of importance were as follows: <u>Septicemia</u> <u>tonillitis acute</u> <u>115A</u> <u>3/6</u> <u>115011</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis? <u>Clinical</u> . Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury	
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? <u>no</u> If so, specify	
(Signed) <u>J. W. Campbell</u> , M. D. (Address) <u>Wardell, Mo.</u>	

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.

