

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.

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

Do not use this space.

JAN 7 1935

1. PLACE OF DEATH

County Lewis
Township Highland
City (No.) St. Ward)

Registration District No. 478
Primary Registration District No. 3642

File No. 43548
Registered No. 20

2. FULL NAME

Austin Amarius Turner

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Margaret M. Fadden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28. 1855-</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>
	DAYS <u>4</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>Farmer</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Dec 30 1934
I last saw him alive on Dec 30 1934. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 12/26/34
107A
97 107A
Other contributory causes of importance:
Arterio-sclerosis 1930

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>On Ocean Front England to America</u>
	13. NAME <u>John Turner</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Eng.</u>
FATHER	15. MAIDEN NAME <u>Margaret Griffith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>
17. INFORMANT <u>Fanny A. Day</u> (ADDRESS) <u>Lewis mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cool Spring</u> DATE <u>19</u>	
19. UNDERTAKER <u>Thos Ball</u> (ADDRESS) <u>Ewing mo</u>	
20. FILED <u>2/31</u> 19 <u>34</u> <u>Amos K Ball</u> Registrar.	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. B. Ewing DO-
(Address) Ewing mo M. D.

