

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

Do not use this space.

JUN 13 1935

43764-A

1. PLACE OF DEATH

69 County Wayne
Township Jefferson
City (No.)

Registration District No. 583
Primary Registration District No. 5791A

File No.
Registered No.
St. Ward)

2. FULL NAME

Charles Lealand 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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Minnie Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 - 1870</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>712</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>	11. Total time (years) spent in this occupation <u>life</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) <u>Dec 5 - 1929</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Reuben Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Charie McRaynolds</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs Minnie Turner</u> (ADDRESS) <u>Stoutsville</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoutsville, Mo.</u> DATE <u>Dec. 7</u> 19 <u>34</u>		
19. UNDERTAKER <u>Speed & Laakey</u> (ADDRESS) <u>Paris, Mo.</u>		
20. FILED <u>12/5</u> 19 <u>34</u> <u>R.P. Thompson</u> Registrar.		

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

22. I HEREBY CERTIFY That I attended deceased from July 26, 1930 to Dec 5, 1934
I last saw him alive on Nov 26, 1934 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930 930
Date of onset Just ably 3 or 4 yrs ago

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) M.C. Mc Murry, M. D.
(Address) Paris, 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.

