

Dr. Russell

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

Do not use this space.

FEB 20 1935

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619

1. PLACE OF DEATH

County Cole Registration District No. 213 File No. 619  
Township Jefferson Primary Registration District No. 3014 Registered No. 15  
City Jefferson (No.         , St.          Ward         )

2. FULL NAME Mrs. Mattie 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Howard County, Missouri

13. NAME Willis Champion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo.

15. MAIDEN NAME Lucy Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. George Beatty (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocheport, Mo. (DATE) Jan-14-1935

19. UNDERTAKER Joseph G. Gordon (ADDRESS) Jefferson City, Mo.

20. FILED Jan 18 1935 Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Jan 11, 1935.  
I last saw her alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Lobar Pneumonia Date of onset 1-8-35

Other contributory causes of importance: Fracture Hip Right 11-15-34

Fall in the home

Name of operation None Date of           
What test confirmed diagnosis? Cultural 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) Russell, M. D.

(Address) 630 E. High St. Jefferson City

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline  
Township Jefferson  
City Jefferson (No.         )

Registration District No. 213  
Primary Registration District No. 3014

File No.           
Registered No. 15  
St.          Ward)         

**2. FULL NAME**

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1925

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

22. I HEREBY CERTIFY That I attended deceased from         , 1925, to         , 1925.....

I last saw          alive on         , 1925..... Death is said to have occurred on the date stated above, at          m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

Fract of rt hip Date of onset         

fall in home

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/15 1924

Where did injury occur? Jeff City Sal MO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury Fall

Nature of injury Fract of rt hip

18. BURIAL, CREMATION, OR REMOVAL

PLACE          DATE          1925

24. Was disease or injury in any way related to occupation of deceased?

If so, specify         

19. UNDERTAKER (ADDRESS)

(Signed)         , M. D.

(Address)         

20. FILED 1/14/1925

Dr. R. S. Ford, M.D.  
Registrar

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 29 1955

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