

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.

FEB 26 1935

2115

1. PLACE OF DEATH

County *Miss* Registration District No. *566*
Township *Lyonsville* Primary Registration District No. *3030*
City *Charleston* (No.) St. Ward) *4*

2. FULL NAME

Lee Turner
(a) Residence, No. *Charleston* 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

3. SEX *Male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 44

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Common Labor*
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) *Peru, Mo*

13. NAME *Jack Turner*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Katie Stanback* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove Cemetery* DATE *Jan 6th 1935*

19. UNDERTAKER *Private* (ADDRESS)

20. FILED *Jan 6th 1935* *F. S. Vernon* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 6th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 10th 1934* to *Jan 6th 1935*

I last saw him alive on *Jan 4th 1935* Death is said to have occurred on the date stated above, at *5 a. m.*

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

Metrial Insufficiency
Chronic nephritis
Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis *St. Spleen* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?, 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) *Frank S. Vernon*, M. D.
(Address) *Charleston Mo*

