

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

Do not use this space.

FEB 28 1935

2464

**1. PLACE OF DEATH**

County Pike  
Township Buffalo  
City Louisiana (No. 1318 South Carolina)

Registration District No. 689  
Primary Registration District No. 3033

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 4 Ward \_\_\_\_\_

**2. FULL NAME** William Turner

(a) Residence, No. 1318 South Carolina St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>African</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daughter of Mr Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/3-13</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>3</u>
		DAYS
		<u>26</u>
	If LESS than 1 day, ..... hrs. or ..... min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

13. NAME Mr Turner

14. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Bligan Scott

16. BIRTHPLACE (CITY OR TOWN) Pike Co Mo  
(STATE OR COUNTRY)

17. INFORMANT Mr Turner  
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Union DATE Jan 31 1935

19. UNDERTAKER W. F. Buda  
(ADDRESS) Louisiana Mo

20. FILED 1/30 1935 J. C. Kelly Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to 1/29 1935  
I last saw her alive on 1/29 1935. Death is said to have occurred on the date stated above, at 7:00 m.

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

Endo Carditis Date of onset 1/29

Other contributory causes of importance: 9/10

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? \_\_\_\_\_

If so, specify J. H. Miller, M. D.

(Signed) J. H. Miller  
(Address) Louisiana 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.



**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 Pike

Registration District No. 689

Township

Primary Registration District No. 3033

City (No. )

File No.

Registered No.

St. Ward

**2. FULL NAME**

Willena 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 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 F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1935

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

22. I HEREBY CERTIFY, That I attended deceased from

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

, to , 19

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

I last saw h alive , 19 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:

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

Embroider Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Auto

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)

91a

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

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

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

Accident, suicide, or homicide? Date of injury , 19

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

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

PLACE DATE 19

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED 21-30 1935 J. Naery Registrar

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

If so, specify

(Signed) , M. D.

(Address)

**SUPPLEMENTARY**

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