WRITE PLAINLY, WITH INKPADDING INK—THIS IS A PERMANENT RECORD

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.

MAR 8 1935

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

Do not use this space.

2532

1. PLACE OF DEATH
County: Randolph — Registration District No.: 735
Township: — Primary Registration District No.: 3034
City: Moberly — (No.) 928 West End (Pl. or St.) — (Ward)

File No.:
Registered No.: 13

2. FULL NAME: Oliver Thomas Turley Jr
(a) Residence, No. 928 West End Pl. (Usual place of abode) Ward.
(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: White
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): Aug. 30th 1933

7. AGE: Years 1 — Months 4 — Days 17 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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

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

FATHER
13. NAME: Oliver T. Turley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Marie Fleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Dr O. T. Turley
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: Jan 19th 1935

19. UNDERTAKER: Mahan and Son
(ADDRESS) Moberly Mo

20. FILED: 1/19, 1935 Virginia E. Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 17th 1935

22. I HEREBY CERTIFY: That I attended deceased from 10 Jan, 1935, to Jan 17, 1935
I last saw him alive on Jan 17, 1935. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Enteritis	about Jan 10th 1935

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. A. Meyer, M. D.
(Address) Moberly, Mo.