

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

Do not use this space.

MAR 20 1935

4365

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 5112  
 City 11 (No. 11) St. 11 Ward 11

File No. 4365  
 Registered No. 28

**2. FULL NAME** Henry Nelson Turner

(a) Residence, No. 8 1/2 mi S.E. Columbia Mo. 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) Jan. 27, 1922

7. AGE YEARS 12 MONTHS 12 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Boone County Missouri  
 (STATE OR COUNTRY)

13. NAME Wm. L. Turner

14. BIRTHPLACE (CITY OR TOWN) Boone County Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Amie B. Hull

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

17. INFORMANT Wm L Turner  
 (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dames Chapel DATE 2-11, 1935

19. UNDERTAKER Parker Furniture Co  
 (ADDRESS) Columbia Mo

20. FILED 2/11/1935 Allie Selby  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9-, 1935, to X, 1935.

I last saw h. X alive on X, 1935. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Crushed beneath a horse.  
188  
 Date of onset 27

Other contributory causes of importance:

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? Accident Date of injury 2-9-, 1935

Where did injury occur? on Public Road, Boone Co. Mo  
 (Specify city or town, county, and State)

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

Manner of injury Carrying U. S. Mail

Nature of injury to ground

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

If so, specify \_\_\_\_\_

(Signed) E. G. Davis, Coroner

(Address) Columbia 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.

