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.

APR 2 7 1935

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

Do not use this space.

8905

1. PLACE OF DEATH
County: Henry
Township: ~~Clinton~~
City: Clinton (No. ..., ... St. ... Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 60

2. FULL NAME John Turner
(a) Residence, No. Leon Ave 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7 1868
7. AGE: Years 66 Months 1 Days 4 If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co. Missouri

FATHER
13. NAME: Richard Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry Co.

MOTHER
15. MAIDEN NAME: Sarah Jane Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Ida Turner Clinton Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Zeba Cemetery DATE: 3-13-35
19. UNDERTAKER (ADDRESS): Fred W. Albinson Clinton Missouri
20. FILED: 4-8 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 11 1935
22. I HEREBY CERTIFY, That I attended deceased from March 10 1935 to Mar 11 1935
I last saw him alive on March 10 1935. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/10/35

Other contributory causes of importance: Arteriosclerosis

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) S W Wolfzen, M. D.
(Address) Clinton, Mo.