

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1935

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

Do not use this space.

10045

1. PLACE OF DEATH Oregon  
 County Johnson Registration District No. 1064  
 Township Johnson Primary Registration District No. 5842  
 City Johnson (No.         ) St.          Ward)         

2. FULL NAME Charles B. 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

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 Ella Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>7</u>	<u>29</u>	

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

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.

13. NAME O. E. Turner

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

15. MAIDEN NAME Lula Bates

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

17. INFORMANT Bayard Turner  
(ADDRESS) R. # 1. Alton Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Service Cem DATE 3-25 1935

19. UNDERTAKER Leo Carr  
(ADDRESS) Thayer Mo.

20. FILED 4-1- 1935 H. J. Cotham  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1935

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw h          alive on         , 19        . Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:  
Gunshot wound  
in right side face  
10 Ga. Shot Gun  
 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          Date of injury         , 19          
 Where did injury occur? Johnson, Mo.  
 (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         

(Signed) Leo Carr M. D.  
 (Address)

