

WRITE PLAINLY, WITH UNFADING 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.

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

Do not use this space.

11649

APR 26 1935

1. PLACE OF DEATH

County Stone
Township Hurley
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 846
Primary Registration District No. 6283

File No. _____
Registered No. 3

2. FULL NAME

Charles H. 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 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>30</u>
	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) <u>1921</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Thomas Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Point</u>	
MOTHER	15. MAIDEN NAME <u>E. Wood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Wilson Turner</u> (ADDRESS) <u>Rt. 2, Crane</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright's Chappel</u> DATE <u>July-10-35</u>		
19. UNDERTAKER <u>T. W. Maple</u> (ADDRESS) <u>Elber</u>		
20. FILED <u>4-9-35</u> <u>H. A. Linn</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-1935

22. I HEREBY CERTIFY, That I attended deceased from Mar-30-1934 to Mar-9-1935
I last saw him alive on Mar-1-1935. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cardio-vascular-renal disease Date of onset 1-6-30

Other contributory causes of importance:
3

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholesterol 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) H. L. Kerr, M. D.
(Address) Crane Mo.

