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.

JUL 29 1935

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

Do not use this space.

11764-1

1. PLACE OF DEATH

County Worth — Registration District No. 113 — File No.

113 Township Middlefork — Primary Registration District No. 1945 — Registered No.

City Worth (No. , St. , Ward)

2. FULL NAME Sweetie Hollied Turner

(a) Residence, No. Worth, Mo. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. C. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
41	8	27	

OCCUPATION

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

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) Weston, Mo.

FATHER

13. NAME John H. Hollied

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston, Mo.

MOTHER

15. MAIDEN NAME Dorothy Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erie Pa.

17. INFORMANT L. C. Turner, (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL to PLACE Weston, Mo. DATE March 26 1935

19. UNDERTAKER Andrews Bros. (ADDRESS) Worth, Mo.

20. FILED 7-10 1935 Fred Mull MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 26 1935, to Mch 25 1935

I last saw her alive on Mch 25, 1935 Death is said to have occurred on the date stated above, at 10 P.m.

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

Cerebral Hemorrhage

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? (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) John Andrews M. D.

(Address) Grant City Mo