

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.

JUN 21 1935

16318

1. PLACE OF DEATH

County Iron Registration District No. 291  
Township Agadida Primary Registration District No. 546a  
City Hampton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 24

2. FULL NAME

Albert Turner  
(a) Residence, No. Bixby 200 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. 4 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-OR (OR) WIFE OF Rebecca Elizabeth Turner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879 (Apr 10)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 1 8

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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) 1933 11. Total time (years) spent in this occupation. 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goodland Missouri

MOTHER FATHER  
13. NAME John Turner

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

MOTHER FATHER  
15. MAIDEN NAME Wahling, Tooling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polis Missouri

17. INFORMANT (ADDRESS) Edward Turner Goodland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stocklin Cem DATE May 20 1935

19. UNDERTAKER (ADDRESS) Edward Bonner Polis, Mo

20. FILED May 27 1935 Paul Karch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935  
22. I HEREBY CERTIFY, That I attended deceased from March 19 1935, to May 16 1935  
I last saw him... alive on May 16 1935 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:  
Hydro-pericardium Date of onset \_\_\_\_\_  
Pericarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. L. Bamshors, M. D.  
(Address) Hampton Mo

