

SEP 18 1935

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

Do not use this space.

25732

1. PLACE OF DEATH

County Butler  
Township Paplar Bluff  
City (No. ....) St. .... Ward)

Registration District No. 89  
Primary Registration District No. 5/31

File No. ....  
Registered No. 167

2. FULL NAME

Asher Elvis Turner  
(a) Residence, No. 3 1/2 Mc.N.U. - Paplar Bluff Ward MO  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 2 17

OCCUPATION 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) Aug. 16 - 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faudealiga  
Reply to Mo

MOTHER FATHER 13. NAME Wilson Turner

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

15. MAIDEN NAME Flora Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co - Ill

17. INFORMANT (ADDRESS) Helmar Turner  
RFD #1 Prossley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug 28 - 1935

19. UNDERTAKER (ADDRESS) N.T. Phelps  
Paplar Bluff Mo

20. FILED Aug 31 19 35 Ob. Certifier  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935, to Aug 28, 1935. I last saw him alive on Aug 28, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

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

Empysemata  
jaundice and neck 9/14/35  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Plum 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) J. Eastman, M. D.  
(Address) Paplar Bluff Mo

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.

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