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.

2

1

2

2

DEC 11 1935

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

Do not use this space.

37039

1. PLACE OF DEATH
County Ralls
Registration District No. 726
File No.
Township Saverton
Primary Registration District No. 5958
Registered No.
City (No. St. Ward)

2. FULL NAME Alexander Turnbough
(a) Residence, No. St., Ward. Ralls Co. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MarYetta Turnbough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1871
7. AGE YEARS 64 MONTHS 4 DAYS 19 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Help
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John Keirns
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) Ralls Co. Mo.

FATHER
13. NAME Samuel Turnbough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Melvina Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ethel Turner
(ADDRESS) Hannibal Mo.
18. BURIAL, CREMATION, OR REMOVAL Monroe County Mo
PLACE Bethlehem Cem. DATE 11-26-1935
19. UNDERTAKER Ray P. Lehmart
(ADDRESS) Hannibal Mo.
20. FILED Nov 25 1935 Blanche Megown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 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 ...... m.
The principal cause of death and related causes of importance were as follows: Date of onset
No. attention Struck By automobile died instantly

Other contributory causes of importance:

200

Name of operation none Date of
What test confirmed diagnosis? Inquest Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 11/23, 1935
Where did injury occur? 11/23 - 35
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Road
Manner of injury Broken Legs & internal injury
Nature of injury Broken Body

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) T. M. Monroe Coroner M. D.
(Address) Center Mo