

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.

FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Henny  
 Township Paris  
 City Ladue (No. \_\_\_\_\_)

Registration District No. 355  
 Primary Registration District No. 5497

File No. 39379-1  
 Registered No. 1  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edward Carrington Turk

(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 yrs. \_\_\_\_ mos. \_\_\_\_ da. How long in U. S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant  
 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) Milltown Ky

MOTHER 13. NAME Jas G Turk

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

15. MAIDEN NAME Anna Pittman Flower

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs Ed Turk Ladue

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12/27/35

19. UNDERTAKER (ADDRESS) Consolus & Peak Clinton Mo

20. FILED 2-6 1936 W.E. Baggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932, to Dec 28-1935  
 Last saw him alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Death Jackson pneumonia 12-16-35  
 Other contributory causes of importance: apoplexy 1932  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? DOB Was there an autopsy? no

23. If death was due to external cause (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) E. D. Walker, M. D.  
 (Address) Clinton Mo.

Dr. Bayliss  
Moulton  
ms

Dr. Hampton  
ms  
Moulton