

N. B.—Every item of information should be carefully supplied. AGE should be 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.

JAN 18 1938

39441

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Independence Primary Registration District No. 3019  
City Independence (No. 2098 College

File No. \_\_\_\_\_  
Registered No. 39441  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2098 College 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *fe* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 27-1939*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*96 3 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*  
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) *Mo.*  
13. NAME *Nelson Turner*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*  
15. MAIDEN NAME *Fatherine Turner*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *My Family Brown*  
(ADDRESS) *2098 College*  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Woodlawn* DATE *12-28 1935*

19. UNDERTAKER *Tarver-Crump & Crum*  
(ADDRESS) *1119 E. 15th St. C. Mo.*  
20. FILED *12-30 1935* *L. L. Cook*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-24 1930*  
22. I HEREBY CERTIFY, That I attended deceased from *12-2-1935* to *12-24 1935*  
I last saw her alive on *12-24 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:  
*Senility*  
*had no apparent disease*

Other contributory causes of importance:  
*None*

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 of injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *W. A. Law* M. D.  
(Address) *415 W. 10th St. Ind. Mo.*

