

JAN 21 1935

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

Do not use this space.

40833

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Beary Primary Registration District No. 6020-A
City Booneville Mo (No. Bonne Terre Hospital) St. _____ Ward _____

2. FULL NAME

Lee Turley
(a) Residence, No. Booneville Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jannie C Turley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>0</u>
		DAYS
		<u>4</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Physician</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Missouri</u>	
	13. NAME <u>Wesley Turley</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Missouri</u>	
	15. MAIDEN NAME <u>Emeline Shelley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tennessee</u>	
17. INFORMANT (ADDRESS) <u>C. J. Turley Booneville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery 12/12 35</u>		
19. UNDERTAKER (ADDRESS) <u>Berhamy H. D. Booneville, Mo</u>		
20. FILED D.C. <u>12 1935</u> <u>A. W. Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935 to Dec 10, 1935.
I last saw him alive on Dec 10, 1935. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:
Renal emboli right kidney
Myocarditis
arterio-sclerosis

Other contributory causes of importance
None

Name of operation None Date of _____
What test confirmed diagnosis? Physical findings 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) David Smith, M. D.
(Address) Booneville, Mo.

K. 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.

WHITE CARBON, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1935-12-10

1862-12-

73-0-4