

MAY 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 1024) Richlandburgh St. Ward

14217
File No.
Registered No. 619

2. FULL NAME

James Turner
(a) Residence, No. 1024 Richlandburgh - St. Joseph Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 Ma. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 7 20

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) Sept 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland13. NAME Wm Turner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Mary Livingston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Harley Turner18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 4-28-3619. UNDERTAKER (ADDRESS) A. Maggart20. FILED 4/27 1936 J. H. Neeshus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26-1936

22. I HEREBY CERTIFY, That I attended deceased from April 25 to April 26, 1936
I last saw unalive on April 25, 1936 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Myocarditis - chronic
arterio-sclerosis general

Other contributory causes of importance Nephritis, chronic

Name of operation Date of What test confirmed diagnosis? findings Was there an autopsy? no23. 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? noIf so, specify (Signed) H. C. Case, M. D.(Address) 301 So. S. BldgSt. Joseph 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.

