

MAY 23 1936

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

Do not use this space.

16209

1. PLACE OF DEATH

County Madison
Township Maniputh
City Maniputh (No.)

Registration District No. 625
Primary Registration District No. 3031

File No.
Registered No. 44
St. Ward)

2. FULL NAME Miss Elizabeth (Betty) Turner

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-36

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1864

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 19

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Chronic myocarditis
Acute myocardial failure
93

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.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkoe Mo

Name of operation none Date of
What test confirmed diagnosis? Heart - exam Was there an autopsy? No

13. NAME Wm Turner

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

15. MAIDEN NAME Selma Deming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maniputh Mo

17. INFORMANT (ADDRESS) Mrs Eldon Lloyd Maniputh Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath Hall DATE 4-13 1936

19. UNDERTAKER (ADDRESS) Curry's Fun B Maniputh Mo

20. FILED 4-15 1936 Mamie E Clardy Registrar.

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? Maniputh Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Jac. Dowling, M. D.
(Address) Maniputh Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

