

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.

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

Do not use this space.

OCT 20 1936

33785

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No. Poplar Bluff Hospital)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 224
St. _____ Ward _____

2. FULL NAME Earl Raymond Turner

(a) Residence, No. White Row 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1936

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1899

I last saw him alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 36 9 19

to have occurred on the date stated above, at 7:15 a.m.

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. Laborer

Fractured skull
Internal hemorrhage
of lung & brain. Date of onset 9/19/36

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: [Signature]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff, Missouri

Name of operation _____ Date of _____

13. NAME Unknown

What test confirmed diagnosis? _____ Was there an autopsy? No.

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9.19.1936

15. MAIDEN NAME Unknown

Where did injury occur? Poplar Bluff, Mo.
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. Public place

17. INFORMANT (ADDRESS) Mrs. Martha K. Wilson
White Row Poplar Bluff, Mo.

Manner of injury Hit by train

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem.
Poplar Bluff, Mo. DATE Sept. 24, 1936

Nature of injury Fractured skull

19. UNDERTAKER (ADDRESS) Frank Und. Co.
Poplar Bluff, Mo.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

20. FILED 9-25-36 [Signature] Registrar.

(Signed) [Signature] Registrar

(Address) Poplar Bluff, Mo.

