

OCT 1 1936

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

Do not use this space.

36465

## 1. PLACE OF DEATH

County VernonRegistration District No. 875File No. 3039Township NevadaPrimary Registration District No. 3039Registered No. 257City Nevada (No. ....)

St. .... Ward)

## 2. FULL NAME

Madalene Turpin(a) Residence, No. 1000 B Austin St. Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 2 - 1936

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

22. I HEREBY CERTIFY That I attended deceased from Aug 30 to Sept 2, 1936I first saw her alive on Sept 2 at 2:30 p.m. Death is said to have occurred on the date stated above, at 5 p.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 16 - 1919

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

7. AGE YEARS 17 MONTHS 6 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.SupraSepticemia Date of onset Aug 17, 19368. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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: Incomplete abortion Aug 17, 1936  
Waterborne meningitis Aug 19, 193612. BIRTHPLACE (CITY OR TOWN) Butler (STATE OR COUNTRY) Mo13. NAME John Turpin14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Julia Sipton16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) John Turpin Nevada Mo18. BURIAL, CREMATION, OR REMOVAL Butler Mo DATE Sept - 6 - 193619. UNDERTAKER (ADDRESS) Terry Funeral Home Nevada Mo20. FILED 9-5-36 M. Eichinger Registrar.Name of operation Obtention of culture Date of 9-21-36What test confirmed diagnosis? Empyema 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.

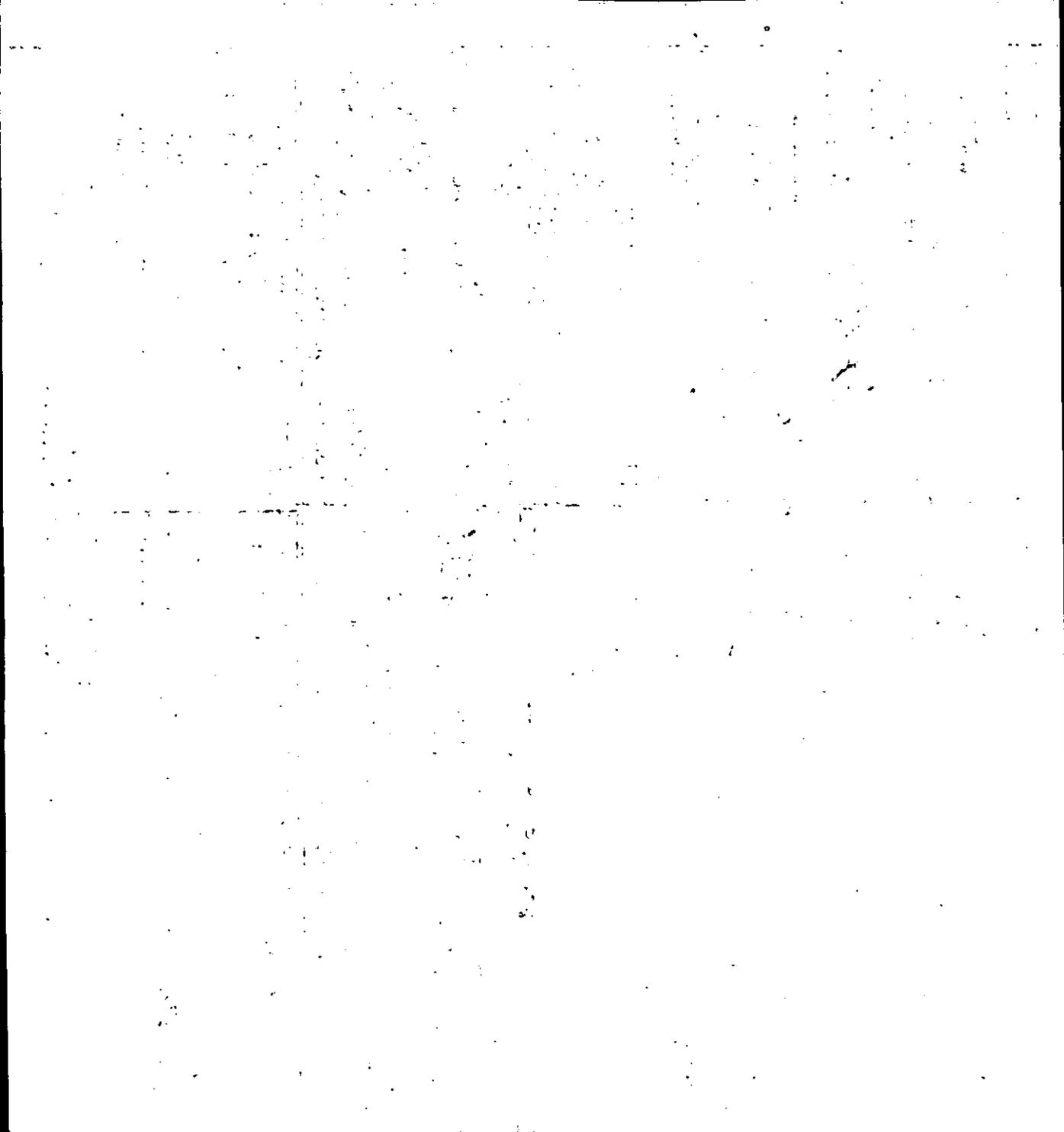
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. M. ..., M. D.(Address) Nevada Mo





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