

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

Do not use this space.

**DEC 4 1936**

**40015**

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
Township Marshall Primary Registration District No. 6039  
City Marshall, Mo. (No. R. E. D. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 186

**2. FULL NAME Frank A. Turner**

(a) Residence, No. R. E. D. 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>Widowed</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 24, 1854</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>I</u>	DAYS <u>10</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>Ret. Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ret. Farmer</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grant Co.  
(STATE OR COUNTRY) Kentucky

MOTHER FATHER 13. NAME Alexander Turner

14. BIRTHPLACE (CITY OR TOWN) Grant Co.  
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (CITY OR TOWN) Grant Co.  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Helvin Turner  
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE William, Mo DATE Oct 6 1936

19. UNDERTAKER J. L. Harrison  
(ADDRESS) 224 Marshall Mo

20. FILED Oct 5, 1936 Helvin Turner  
Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I attended deceased from Jan 17 1936 to Oct 4 1936  
I last saw him alive on Oct 3 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

arterial sclerosis Date of onset 1930  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.  
(Address) Marshall Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 24 1952