

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

Do not use this space.

DEC 28 1936

41911

1. PLACE OF DEATH

County Morgan
Township Liberty
City Palmyra (No.)

Registration District No. 548.
Primary Registration District No. 5740.

File No.
Registered No. 29945.
St. Ward

2. FULL NAME Orson Turner

(a) Residence, No. Palmyra 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26, 1880</u>		
7. AGE	YEARS	MONTHS
<u>56</u>	<u>0</u>	<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor (Retired)</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hannibal Fin. Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1936 until Nov 1, 1936

I last saw him alive on Oct 27, 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none

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

(Signed) E. M. Lucke, M. D.
(Address) Count House, Hannibal, Mo.

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

FATHER

13. NAME John Turner

14. BIRTHPLACE (CITY OR TOWN) Adair Co.
(STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Angeline Sloan

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

17. INFORMANT Mrs Ora Middleton
(ADDRESS) 149 Market Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE mt Olivet DATE Nov 3 1936

19. UNDERTAKER Wm M Smith
(ADDRESS) Hannibal Mo

20. FILED Nov 30, 1936 Kirkwood
 Registrar.

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.

