

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

Do not use this space.

41958

1. PLACE OF DEATH

County MONROE
Township JACKSON
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 582
Primary Registration District No. 5779

File No. _____
Registered No. 76

2. FULL NAME

GEORGE FREDRICK TURNEY

(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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 27, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TELEPHONE LINESMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. W. BELL TELEPHONE CO.
10. Date deceased last worked at this occupation (month and year) Nov. 1936 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OKLAHOMA

13. NAME FREDRICK TURNEY

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

15. MAIDEN NAME FLORENCE HARPER

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

17. INFORMANT Gladye G. Turney (ADDRESS) Paris, LaSalle

18. BURIAL, CREMATION, OR REMOVAL PLACE CLARENCE, MO DATE 11-24

19. UNDERTAKER Jones & Frank (ADDRESS) Paris, LaSalle

20. FILED NOV 23 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 29 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936.

I last saw him alive on _____, 1936. Death is said to have occurred on the date stated above, at 1.00 a.m.

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

from the effects of an accidental gun shot wound from a 12 gauge shot gun while hunting.

Other contributory causes of importance:

Name of operation 184 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident. Date of injury _____, 1936

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 V
Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? V

If so, specify _____
(Signed) Russell M. Wilson Coroner
(Address) Monroe City 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.

