

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

Do not use this space.

1. PLACE OF BIRTH *OCT 20 1936*
 County *Butler* Registration District No. *88*
 Township *Wells* Primary Registration District No. *5130*
 City (No. *0*) St. *D* Ward

2. FULL NAME *Stillborn (Turners)*
 (a) Residence, No. *Near Wellsville, Mo.* 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.

File No. *48967*
 Registered No. *36*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 4, 1936</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>-</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Near Wellsville, Missouri</i>				
FATHER	13. NAME <i>Hubert Balhoun Turners</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Osceola, Mississippi</i>			
MOTHER	15. MAIDEN NAME <i>Mrs. Mathews</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Winnona, Mississippi</i>			
17. INFORMANT <i>B. L. Turners</i> (ADDRESS) <i>Wellsville, Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wellsville, Mo.</i> DATE <i>Sept 5, 1936</i>				
19. UNDERTAKER <i>Friends & Neighbors</i> (ADDRESS)				
20. FILED <i>9-5, 1936</i> <i>B. L. Turners,</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at *2:00 p.m.*

The principal cause of death and related causes of importance were as follows:
Stillbirth, cause unknown Date of onset

Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) *B. L. Turners,* M. D.
 (Address) *Wellsville, 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.

