

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.

FEB 16 1937

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

Do not use this space.

335

1. PLACE OF DEATH

12 County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3007
City Hillard (No. _____, St. _____, Ward _____)

File No. _____
Registered No. 205

2. FULL NAME Rebecca Turner

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 220
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) Indiana 2

FATHER 13. NAME _____ 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT George Hendrickson (ADDRESS) Hillard, Missouri

18. BURIAL CREMATION OR RESIDENCE PLACE Oak Hill DATE Jan. 23, 1937

19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff, Missouri

20. FILED 1/30 1937 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937, to 1-20, 1937
I last saw him alive on 1-18, 1937 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

John Pulmonaria Date of onset 1-15-37

Other contributory causes of importance: 108

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

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) John Hendrickson, M. D.
(Address) Poplar Bluff, Mo

