

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

182 County Shelby
Township Clare
City Claremo (No. 2)

Registration District No. 827
Primary Registration District No. 4500

File No. 4599
Registered No. 3 St. _____ Ward)

2. FULL NAME

James Thomas Turner
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Freeman Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-29-1866</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>17</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Cherry Box, Mo.</u>		
FATHER	13. NAME <u>Luther Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Eveline Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oak Dale, Mo.</u>	
17. INFORMANT (ADDRESS) <u>A. F. Freeman Turner, Osceola, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Claremo cemetery, Jan-18-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. L. W. Hudson, Edina, Mo.</u>		
20. FILED <u>May 15, 1937</u> <u>Roy Hamilton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1937, to Jan 15, 1937
I first saw him alive on Jan 15, 1937 Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:
Fracture of rt hip 1/10/37

Other contributory causes of importance:
Chronic pylo-peptic 1930+

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 Accident Date of injury Jan 10, 1937
Where did injury occur? Claremo, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Street

Manner of injury Fall on ice on board
Nature of injury Fracture of rt. hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. F. Turner M. D.
(Address) Osceola, Mo.

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.

