

1937 85 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township
City Ornick (No.)

Registration District No. 743
Primary Registration District No. 444.5

File No. 7812
Registered No. 86
St. Ward

2. FULL NAME Geraldine 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</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>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 23 - 1921</u>		
7. AGE	YEARS <u>17</u>	MONTHS <u>0</u>
	DAYS <u>19</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>none</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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London Mo</u>	
	13. NAME <u>Hughes Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Mo</u>	
	15. MAIDEN NAME <u>Alice O'Sell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>	
	17. INFORMANT <u>Alice Turner</u> (ADDRESS) <u>Ornick Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Garden East Ray Co</u> DATE <u>4/5</u> 19 <u>37</u>	
	19. UNDERTAKER <u>W. H. Brown</u> (ADDRESS) <u>Ornick Mo</u>	
	20. FILED <u>3/10</u> 19 <u>37</u> <u>W. H. Brown</u> Registrar	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to July 4, 1937. I last saw him alive on July 4, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Lobar Pneumonia
Left Lung

Other contributory causes of importance: 108
Bronchitis

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) W. H. Brown, M. D.
(Address) Ornick Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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