

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

Do not use this space.

MAR 26 1937

File No. **9143**

1. PLACE OF DEATH
County Sullivan
Township Penn
City Shelbottle (No.)

Registration District No. 849
Primary Registration District No. 6114

Registered No. 28
St. Ward)

2. FULL NAME of Lora 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1937
22. I HEREBY CERTIFY, That I attended deceased from 2-16-1937 to 2-16-1937
I last saw her alive on 2-16-1937. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
History of 8 days falling
insignificance of 7 or 8 days
Date of onset 2-9-37
Other contributory causes of importance: W
Hyperthyroidism
Amurgen Oregon

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brettenridge Mo.
13. NAME Charles E. Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio
15. MAIDEN NAME Catherine Ann Pream
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Name of operation Date of
What test confirmed diagnosis? Cholera Was there an autopsy? No

17. INFORMANT (ADDRESS) Francis A. Turner
Greene Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE 2/18 1937

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? No 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 S

19. UNDERTAKER (ADDRESS) Glenn E. Kent
Green City Mo.
20. FILED 3-8-1937 Virginia Gibson
Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify BAR
(Signed) B. A. Reynolds M. D.
(Address) Green Castle 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.

