

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County ColeRegistration District No. 213File No. 16108

Township

Primary Registration District No. 3014Registered No. 131City Jefferson(No. St. Marys Hosp.)

St. _____ Ward)

2. FULL NAME William M. Turbett

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle M. Turbett6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>70</u>	<u>54</u>	<u>7</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. 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) Kingston Ontario, Canada13. NAME John Turbett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Elizabeth McDermitt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Mrs. Estelle M. Turbett
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE April-3- 193719. UNDERTAKER (ADDRESS) Jefferson City, Mo.20. FILED 4/21/37 W. H. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1, 193722. I HEREBY CERTIFY that I attended deceased from Mar 26 1937 to Apr 1 1937I last saw him alive on Apr 1 1937 Death is said

to have occurred on the date stated above, at _____ m.

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

Bullet wound through left chest Date of onset _____Other contributory causes of importance: Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? 1082 High Jefferson City

(Specify city or town, county, and State)

Specify whether injury occurred in _____ in home, _____ in public place.

Manner of injury Shot with own gun.Nature of injury Bullet wound - chest

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____ M. D.

(Address) Jefferson City, Mo.

