

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.

MAY 31 1937  
 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 102 County Shelby Registration District No. 831  
 Township Black Creek Primary Registration District No. 6092  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Audley Lee Turner  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. 17754  
 Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Berta Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Audrain Mo

13. NAME John Mack Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo

15. MAIDEN NAME Allie Eliza

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo

17. INFORMANT Mrs. Berta Turner (ADDRESS) Shelbyville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Stantonville, Mo DATE May 9, 1937

19. UNDERTAKER E. P. Thompson (ADDRESS) Shelbyville, Mo

20. FILED May 9, 1937 Pearl Lee Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 7, 1937  
 I last saw h. un alive on May 7, 1937 Death is said to have occurred on the date stated above, at 6:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
Septic Haem. bladder  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Septic Haem. bladder

Name of operation Perit. Proct. 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) J. S. [Signature], M. D.  
 (Address) Bethel Mo

