

JUN 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Dr. Seebaugh.

Do not use this space.

19385

1. PLACE OF DEATH

County Bollinger
 Township Lorance
 City Marble Hill, Mo (No. 1 Ward)

Registration District No. 67
 Primary Registration District No. 5102@

File No. 19385
 Registered No. 19385

2. FULL NAME James, Hiram Turk

(a) Residence, No. 1 St. 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Martha J Turk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 14th 1859

7. AGE YEARS 77 MONTHS 5 DAYS 13 If LESS than 1 day, ... hrs. or min.

OCCUPATION 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) State of Ky.

FATHER 13. NAME James, Turk
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT F A Turk. (ADDRESS) Wilson, Ark18. BURIAL, CREMATION, OR REMOVAL Interred PLACE Elmwood Cemetery DATE July, 29th 193619. UNDERTAKER Brother J Baker (ADDRESS) Lutesville, Mo.20. FILED 671 1937 2888 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 27th 193622. I HEREBY CERTIFY, That I attended deceased from 7-27, 1936, to 7-27, 1936

I last saw him alive on 7-12, 1936 Death is said to have occurred on the date stated above, at 11.45 a.m.

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

Myocardial infarctionDate of onset 7-21-36

Other contributory causes of importance:

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

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? No
 If so, specify —
 (Signed) D R Seebaugh, M. D.
 (Address) Jackson, Mo

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

