

JUL 31 1937

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

Do not use this space.

24525

1. PLACE OF DEATH

County Peru
Township Peru #2
City (No.)

Registration District No. 1102
Primary Registration District No. 5870

File No.
Registered No.
St. Ward

2. FULL NAME Virginia May 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1937

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

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

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) infant 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boag city, Mo.

13. NAME George Washington Turner

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

15. MAIDEN NAME Nellie Jane Bailey

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

17. INFORMANT Father G. W. Turner (ADDRESS) Boag city, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo. DATE May 8, 1937

19. UNDERTAKER friends & neighbors (ADDRESS)

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 7, 1937

I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

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

Bronchial pneumonia Date of onset

Other contributory causes of importance: Distocia

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) A. G. Shively, M. D. (Address) Boag, 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.

WHITE TRAIN WITH GRADING INK—THIS IS A PERMANENT RECORD

