

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Locust Creek
City Linneus (No.)

Registration District No. 501Primary Registration District No. 4304

File No.

27691

Registered No.

St. Ward)

2. FULL NAME

Ronnie 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXXXXXXXXXX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/22/1927</u>		
7. AGE	YEARS	MONTHS
	<u>9</u>	<u>9</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	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) <u>Linneus</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Wallace Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Linneus</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Frances Stannard</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Linneus</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Frances Turner</u> (ADDRESS) <u>Linneus, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I. O. O. F. Cem.</u> DATE <u>7/5/1937</u>		
19. UNDERTAKER <u>Thorne Undertaking Co.</u> (ADDRESS) <u>Linneus, Missouri</u>		
20. FILED <u>8-8</u> 19 <u>37</u> <u>J. W. Webb</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/3/1937</u>	19
I HEREBY CERTIFY That I attended deceased from <u>July 3</u> , 19 <u>37</u> , to <u>July 3</u> , 19 <u>37</u> .	
I last saw h. alive on <u>July 3</u> , 19... Death is said to have occurred on the date stated above, at <u>7:15 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Accidental (car)</u> <u>Fractured skull</u>	
Other contributory causes of importance: <u>210</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>Accident</u> Date of injury <u>July 3, 1937</u> Where did injury occur? <u>Linneus, Mo</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>Public highway (no. 5)</u>	
Manner of injury <u>Crushing force car</u>	Nature of injury <u>Crushing injury head & chest</u>
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify	
(Signed) <u>J. W. Webb</u>	M. D.
(Address) <u>Linneus, Mo.</u>	

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.

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