

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

Do not use this space.

AUG 26 1937

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Waverly Primary Registration District No. 3030
City Charleston Mo (No. _____) St. _____ Ward _____

File No. 27799

Registered No. 126

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1937

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

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

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) Charleston Mo

13. NAME Earl Turner

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

15. MAIDEN NAME Lena May Davis

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

17. INFORMANT Earl Turner (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-5- 1937

19. UNDERTAKER Private (ADDRESS) _____

20. FILED 7-5- 1937 F D Vernon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th 1937

22. I HEREBY CERTIFY That I attended deceased from Stelborn to _____, 19____

I last saw h. _____ alive on _____, 19____ 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:
Stelborn at 6 months
Cause of death unknown

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? No
If so, specify _____

(Signed) Earl Turner father, M. D.
(Address) Charleston 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.

OCCUPATION

MOTHER FATHER

