SEP 20 1937

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

Do not use this space.

31154

File No. 8

Registered No. 8

1. PLACE OF DEATH

County Wayne 2 Registration District No. 1076

Township Grand River Primary Registration District No. 5681

City Hale, Mo (No. , St. Ward)

59

2. FULL NAME Geo. M. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 30 1864

7. AGE: Years 72 Months 3 Days 22 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): Laclede, Mo

FATHER

13. NAME: Thomas M. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tingsburg Ky

MOTHER

15. MAIDEN NAME: Susan Winniger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): C. M. Turner Okla, City Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron DATE Aug 24, 1937

19. UNDERTAKER (ADDRESS): Frank E. Slater Hale Mo

20. FILED Aug 24, 1937 Mrs. Chas. Ludwig Registrar.

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2
2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1937

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

I last saw him alive on None, 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:

	Date of onset
Heart Disease (Probable)	
Found dead at home 8-22-37	

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?

If so, specify

(Signed) W. L. White Coroner, M. D.

(Address) by C. H. Brady M.D. Chillicothe 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.