

OCT 19 1937

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

Do not use this space.

33984

1. PLACE OF DEATH

County Clay
Township Fishers Creek
City Excelsior Springs (No., St., Ward)

Registration District No. 198
Primary Registration District No. 3011 2

File No. 131
Registered No.
Ward

2. FULL NAME

John Clayton Turnage
(a) Residence, No. 7. Marie St.,, Ward.

Length of residence in city or town where death occurred 12 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the wife)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura J. Turnage

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1861

7. AGE YEARS 76 MONTHS 2 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Ray Co Mo

MOTHER FATHER 13. NAME John Turnage

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

15. MAIDEN NAME Foster

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

17. INFORMANT Laura J. Turnage (ADDRESS) Excelsior Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Sept 24 1937

19. UNDERTAKER Claude Priekaid (ADDRESS) Excelsior Springs, Mo

20. FILED 9-25 1937 Wanda M. Backus Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Sept 1, 1937, to Sept 22, 1937

I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 10:05 a.m.

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

General arterio sclerosis Date of onset 20-30
& Prostatic enlargement

Other contributory causes of importance: 131
Septicemia from bladder infection

Name of operation none Date of

What test confirmed diagnosis? clinical as 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. no injury

Manner of injury no injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. D. Craven, M. D.
(Address) Excelsior Springs, 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.

