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OCT 22 1937

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

Do not use this space.

34833 :

File No.
Registered No. 18

1. PLACE OF DEATH

County Montgomery
Township Montgomery
City ~~Montgomery City Mo.~~ (No. , St. Ward)

Registration District No. 592
Primary Registration District No. 5790

2. FULL NAME James William Turner

(a) Residence, No. Near Montgomery City Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	11	5	

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) Sept. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

FATHER

13. NAME George Turner

14. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (CITY OR TOWN) Martinsburg
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Elizabeth Turner
(ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olivette - Boone Co DATE 9-17-1937, 19

19. UNDERTAKER J. A. Marlow
(ADDRESS) Montgomery City Mo.

20. FILED Sept 16 1937 Bruce Menefee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937, to Sept. 15, 1937
I last saw him alive on Sept 15 1937. Death is said to have occurred on the date stated above, at 5.30AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Rt	8-6-37
with Left Hemiplegia	8-6-37

Other contributory causes of importance:

Hypertension C.-V. Disease	?

Name of operation none 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? No 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) E. J. T. Anderson, M. D.
(Address) Montgomery City, Mo