

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.

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Neely
City _____ (No. _____)

Registration District No. 88
Primary Registration District No. 5130

File No. 37247
Registered No. 42
St. _____ Ward _____

2. FULL NAME Still born - Turner.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1937
7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Neelyville Mo (STATE OR COUNTRY)

13. NAME Gregory Turner.

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

15. MAIDEN NAME Opal Benton.

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

17. INFORMANT Gregory Turner (ADDRESS) Neelyville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville Mo DATE 10-25 1937

19. UNDERTAKER Friends - Neighbors. (ADDRESS)

20. FILED 10-25 1937 Ro. L. Turner. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24- 1937

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

Premature Birth. Date of onset _____
4 months - Advanced

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? _____

If so, specify _____
(Signed) Mary Fannie Midway, M. D.
Neelyville - Mo. (Address)

