NOV 16 1937

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

Do not use this space.

37261

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. , St. Ward)

Registration District No. 84
Primary Registration District No. 3007

File No.
Registered No. 258

2. FULL NAME George La Mar Turner
(a) Residence, No. Neelyville 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1935
7. AGE YEARS 1 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Gregory Turner
14. BIRTHPLACE (CITY OR TOWN) Neelyville
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Opel Benton
16. BIRTHPLACE (CITY OR TOWN) Neelyville
(STATE OR COUNTRY) Missouri

17. INFORMANT Opel Turner
(ADDRESS) Neelyville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Neelyville DATE Oct. 22 1937
19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Mo.
20. FILED 10/22 1937 O. Mutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 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 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound	

Other contributory causes of importance: 184

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? Accident Date of injury 10-19 1937
Where did injury occur? Neelyville, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Gunshot wound in rt.
Nature of injury loin

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Grover W. Greer Coroner, M. D.
(Address) Poplar Bluff 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.