

NOV 18 1937

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

Do not use this space.

38015

1. PLACE OF DEATH

County Knott
Township Clinton
City Edina

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 30
St. Ward)

2. FULL NAME

Matilda Berry Turpin

(a) Residence, No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 45 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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow - Tom Turpin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct Nov 1 1864

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>11</u>	<u>30</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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) Steffenville Mo

13. NAME Henry Berry

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

15. MAIDEN NAME Margaret Robinson

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

17. INFORMANT (ADDRESS) Charley Humphrey Edina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina Mo DATE Nov 2 1937

19. UNDERTAKER (ADDRESS) Keith Hudson Edina Mo

20. FILED Nov 2 1937 Mr C M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1933 to 10-31 1937

I last saw her alive on 10-31 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Diabetic change Date of onset 6-1-37

Other contributory causes of importance: 59
arteriosclerosis 1933
Diabetes 1933

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? NO

If so, specify
(Signed) Fredrick L. Schmidt M.D.
(Address) Edina, 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.

