

NOV 19 1937

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

Do not use this space.

38220

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. Levering Hospital) St. Ward

File No.
Registered No. 338

2. FULL NAME John Francis Turner

(a) Residence, No. 2116 Market St., Ward.

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 10 3

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

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) Marion County Missouri

13. NAME Paas Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

15. MAIDEN NAME Susan R. Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri

17. INFORMANT Mr. C. S. Turner (Son) (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Nov 16, 1937

19. UNDERTAKER Campford Smith (ADDRESS) 902 1/2 N. Hannibal Mo.

20. FILED Nov 17, 1937 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1937, to Nov 14, 1937

I last saw him alive on Nov 14, 1937. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Uremia Date of onset Nov 10

Other contributory causes of importance: Enlarged Prostate

Name of operation none Date of
What test confirmed diagnosis? Lab. 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) [Signature] M. D.
(Address) Hannibal Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S SIGNATURE STATE

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Fremont

1944

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