

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Washington Primary Registration District No. 2001
City Springfield, Mo. 12-17 Washington

File No. 41262
Registered No. 1070
St. _____ Ward _____

2. FULL NAME

Eva M. Turner

(a) Residence, No. 12-17 Washington 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E. Turner (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1863

7. AGE YEARS 74 MONTHS 3 DAYS 21 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) (STATE OR COUNTRY) Rensselaer, Missouri

13. NAME J. A. B. McClray

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

15. MAIDEN NAME Carleia T. Finley

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

17. INFORMANT Winifred Turner (Da) (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rensselaer, Mo. DATE Nov. 14 - 37

19. UNDERTAKER Alma Johnson (ADDRESS) Springfield, Mo.

20. FILED Nov 13 1937 Chas. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from 9 - 10, 1937, to 11 - 11, 1937. last saw her alive on 11 - 11, 1937. Death is said to have occurred on the date stated above, at 4:15 P. M.

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

Senility

Other contributory causes of importance:

Old Valvular Heart Disease

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? no

If so, specify _____

(Signed) Mary Jean Atherton, M. D.

(Address) 333 E. McDaniel

