

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Aitchison
Township Tarkio
City Tarkio, Mo

Registration District No. 20
Primary Registration District No. 4014

File No. 44542
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Earl Turner

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

Length of residence in city or town where death occurred 40 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 19, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
45 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer) #####
(c) Name of employer #####

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County Illinois

10. NAME OF FATHER James Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) La Rue County Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Davenport
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT James Turner
(Address) Tarkio, Missouri

15. FILED Mar 11 1937 Cummins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10 1937

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to March 9, 1937 that I last saw him alive on March 3, 1937, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular meningitis
Pulmonary tuberculosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary tuberculosis
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Charles Cummins, M. D.

Mar 10 1937 (Address) Tarkio, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Center Grove Cemetery DATE OF BURIAL 3-II 1937

20. UNDERTAKER W. S. Cummins ADDRESS Tarkio, 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.

