

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

Do not use this space.

3711
29

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No.)

Registration District No. 668
 Primary Registration District No. 3092

File No.
 Registered No. 668 St. Ward)

2. FULL NAME

Jane Turner 656
 (a) Residence, No. 215 E. Hogan St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1938

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Turner

22. I HEREBY CERTIFY That I attended deceased from Dec 3 - 1937 to Jan 19 - 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw her alive on 1 - 11 - 1938. Death is said to have occurred on the date stated above, at 5 a. m.

7. AGE YEARS 75 MONTHS Unknown DAYS Unknown If LESS than 1 day, hrs. or min.

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

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Phonic Infection of
Nephritis

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 131

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Pettis Mo

Acute Myocarditis

MOTHER 13. NAME Henry Brisco

Name of operation not any Date of What test confirmed diagnosis Chromatite Was there an autopsy? xo

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

MOTHER 15. MAIDEN NAME Mary Ellis

Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Tillian Daddell (ADDRESS) Sedalia

Manner of injury -

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Jan 21 1938

Nature of injury -

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) G. R. Maddox, M. D.

20. FILED Jan 20, 1938 Stan Slack Registrar. 604

(Address) 1165 W. Main

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH