

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

3798

Do not use this space.

**1. PLACE OF DEATH**

(a) County... Platte, Registration District No. 698  
 (b) Township... Marshall, Primary Registration District No. 1927 Registered No. ....  
 (c) City..... (d) Street No. 1 Mi. South of Sugar Lake, St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Napoleon B. Turpin, 61  
 (a) Residence, No. 14 1/2 So. Sugar Creek Church St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Catherine J. Turpin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
 10. Date deceased last worked at this occupation (month and year) January, 1933 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Platte County, (STATE OR COUNTRY) Missouri,

FATHER 13. NAME Napoleon B. Turpin,  
 14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Unknown,

MOTHER 15. MAIDEN NAME Nancy L. Tranthan,  
 16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Tenne. see,

17. INFORMANT (ADDRESS) Mrs. Alvin Dixon  
1119 Corby street, t. Joseph

18. BURIAL, CREMATION, OR REMOVAL 10.  
 PLACE Sugar Creek Cem. DATE Jan 31, 1933

19. FUNERAL DIRECTOR (ADDRESS) Lealon B. Blyskal, 10th St. Linn

20. FILED 1/6/33 J. H. B. Ball Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Chronic myocarditis  
1933

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? history 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) Lealon B. Blyskal \_\_\_\_\_, M.D.  
 (Address) Platte City, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 1/3/38

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. E. Summerfield  
Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)