

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

Do not use this space.

1. PLACE OF DEATH

County Rail
Township Jasper
City Jasper (No.)

Registration District No. 725-
Primary Registration District No. 5-960-C

File No. 3830
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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 (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1920
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Pike Co Mo

13. NAME Sylvester Turner

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

15. MAIDEN NAME Elizabeth Sears

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

17. INFORMANT Sylvester Turner (ADDRESS) Center Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton DATE 4/4 1937

19. UNDERTAKER Fields & son (ADDRESS) Frankford Mo

20. FILED Jan 19 1938 G. T. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938

22. I HEREBY CERTIFY That I attended deceased from December 30, 1937 to Jan. 12, 1938

I last saw him alive on Jan. 12, 1938 Death is said to have occurred on the date stated above, at 2:30 P. m.

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

Acute Myocarditis 1/9/38
Q.D.

Other contributory causes of importance:
Chronic Myocarditis
Other causes unknown

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? NO

23. If death was due to external cause (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? Pls

If so, specify

(Signed) Frank H. Howard M. D.

(Address) Frankford, 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