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.

REC'D MAR 17 1938

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

Do not use this space.

2/1

1. PLACE OF DEATH

46

County Howell — Registration District No. 384 — File No. 6931

Township Spring Creek — Primary Registration District No. 5539 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Wayne Turner 656

(a) Residence, No. Siloam Rt., West Plains, Mo. Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1937

7. AGE — YEARS: — MONTHS: — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) West Plains, Mo. 0

FATHER

13. NAME Linwood Turner 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grimmett Mo. 1

MOTHER

15. MAIDEN NAME Lois Mae Coats
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morris Oklahoma

17. INFORMANT (ADDRESS) Linwood Turner West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty Cem DATE Jan. 3 1938

19. UNDERTAKER (ADDRESS) W. E. Coats Grimmett, Mo.

20. FILED 1-3- 1938 Vida W Simons Registrar. 344

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1937, to Jan. 2, 1938

I last saw him alive on Dec. 29, 1937 Death is said to have occurred on the date stated above, at 7 P. m.

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

Injury at birth - instrumental delivery — Date of onset

160 B

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. 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) [signature] M. D.

(Address) West Plains Mo