

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

10495  
Do not use this space.

REC'D APR 4 1938

**1. PLACE OF DEATH**

(a) County Clinton Registration District No. 204  
 (b) Township Shoart Primary Registration District No. 3013 Registered No. 19  
 (c) City Cameron (d) Street No. West Prospect 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** Susie May Turner 656

(a) Residence, No. West Prospect 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 Female 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 Willard Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
35 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife.  
 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) Clinton, Mo.

FATHER 13. NAME Edward McCabe

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

MOTHER 15. MAIDEN NAME Josie Brockman

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

17. INFORMANT (ADDRESS) Willard Turner  
Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE McDaniel Cem. DATE 3/30, 1938

19. FUNERAL DIRECTOR (ADDRESS) J.W. Poland  
Cameron

20. FILED 3/30 # 58 W. H. Wesley Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1938 to March 28, 1938

I last saw her alive on March 24, 1938 Death is said

to have occurred on the date stated above, at 3:25 P.m.

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

Berriaceous Pneumonia Date of onset March 28

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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) A. O. Gilliland, M.D.

(Address) Cameron, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by A. H. Doolen. Registered Apprentice No. 99

working under my personal supervision.

Signed J. M. Poland

Licensed Embalmer No. 895

**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.)**