REC'D APR 15 1938

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

Do not use this space.

11530

File No. 2

Registered No. 2

1. PLACE OF DEATH
County: Monroe
Township: So. Fork
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 586
Primary Registration District No. 5784

2. FULL NAME: JOEL RECTOR TURNER 656

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 23, 1860

7. AGE: YEARS 78 | MONTHS 2 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED FARMER
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): JAN. 1913
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BROWN CO., ILL.

FATHER

13. NAME: BENJ. TURNER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

MOTHER

15. MAIDEN NAME: ADDIE SINGLETON.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

17. INFORMANT: FRANK TURNER.
(ADDRESS) MOLINO, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GREENWOOD DATE: MAY. 24, 38

19. UNDERTAKER: Speed & Binkoy
(ADDRESS) Paris, Missouri

20. FILED: MAR 23 1938 Effie B. Drake, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAR. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1938, to Mar 23, 1938. I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 3:15 A.m.

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

	Date of onset
Cardiac Hypertrophy	9 M
Cause found	

Other contributory causes of importance: No contributory

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Picture 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) H C Payne, M. D.
(Address) Paris, Missouri

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.

X7294