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 JUN 9 1938

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

17703
Do not use this space.

1. PLACE OF DEATH
(a) County Boone — Registration District No. 73
(b) Township Columbia — Primary Registration District No. 5112 — Registered No. 101
(c) City ..... (d) Street No. ..... 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 James Alex. Turner 656
(a) Residence, No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-2-1874
7. AGE: YEARS 64 — MONTHS 1 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

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.: .....
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): Boone Co., Mo. 0

FATHER
13. NAME: John Turner 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

MOTHER
15. MAIDEN NAME: Nancy Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): James Turner
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mem. Park DATE: 5-3 1938
19. FUNERAL DIRECTOR (ADDRESS): Parker's Columbia, Mo.
20. FILED 5/3/ 1938 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to May 2, 1938
I last saw h. 1a alive on April 27, 1938. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Gastro-Enteritis	
7 P.M.	

Other contributory causes of importance:
Chronic Arthritis

Name of operation: Removal of Gland from neck Date of: 3-1-38
What test confirmed diagnosis? ..... 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: Karl D. Dietrich, M.D.
(Signed) 410 Quitan Bldg.
(Address) 74

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. D. McPhilsides, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. McPhilsides

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. D. McPhilsides

Licensed Embalmer No. 3893

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