

REC'D JUN 10 1938

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

Do not use this space.

18934

1. PLACE OF DEATH

County *Montgomery*Registration District No. *595*File No. *10*Township *Wellsville*Primary Registration District No. *4353*Registered No. *10*City *Wellsville* (No. *1*)St. *Mo.* Ward2. FULL NAME *Mildred Annie Turner*(a) Residence, No. *1* St. *1* Ward *1*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*4. COLOR OR RACE *white*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 2, 1938*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James M. Turner*22. I HEREBY CERTIFY That I attended deceased from *March 19, 1937*, to *May 2, 1938*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April-17-1856*I last saw her alive on *May 2, 1938* Death is said to have occurred on the date stated above, at *12:30 P.M.*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 *-* *15*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
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 *0**Carcinoma* *50* Date of onset *1933*
*has operated for above in 1926 left Breast*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clark Co, mo*Other contributory causes of importance:
Diffuse megastases *1937*
left arm & thorax *2 yrs*
aching bronchial *1 yrs*13. NAME *Jesse H. Baskett*Name of operation *None* Date of *-*
What test confirmed diagnosis? *clinical* Was there an autopsy? *-*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*15. MAIDEN NAME *Sarah Lemyra Baskett*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)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Vera West Wellsville mo*Manner of injury *-*
Nature of injury *-*18. BURIAL, CREMATION, OR REMOVAL PLACE *Wellsville mo* DATE *May-4* 193824. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *-*19. UNDERTAKER (ADDRESS) *F. W. Treharne Wellsville mo*(Signed) *A. C. Markovich* D. O.20. FILED *May 4* 1938 *mo* *Mike McSinnott* Registrar (Address) *Wellsville mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

