

REC'D JUN 10 1938

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

Do not use this space.

19030

1. PLACE OF DEATH

County Newton
Township Van Buren
City Wentworth (No. St. Ward)

Registration District No. 612
Primary Registration District No. 4579

File No.
Registered No.

2. FULL NAME Clebert Turner

(a) Residence, No. Wentworth Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1938, to May 16, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1905

I last saw him alive on May 5, 1938. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 3 4

to have occurred on the date stated above, at 8 P.M.

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. Farmer and Relief
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Relief
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Date of onset

Pulmonary Tuberculosis
Other contributory causes of importance: 23W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. ()

13. NAME Lon Turner ()

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. ()

15. MAIDEN NAME Mary Depew

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co.

17. INFORMANT Mrs. Dora Turner (ADDRESS) Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren DATE May 18, 1938

19. UNDERTAKER (ADDRESS) Victor O. Niemeyer Pierce City Mo.

20. FILED 5-18-38 Wesley Hudson Registrar

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify (Signed) J. B. [Signature], M. D.
(Address) Pierce City Mo.

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

Mrs. Grace Hudson
Register,

Wentworth, Mo.