REC'D JUL 17 1938

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

Do not use this space.

21628

1. PLACE OF DEATH
County: Clay
Registration District No.: 198
File No.:
Township: Fishing River
Primary Registration District No.: 3011
Registered No.: 88
City: Excelsior Springs (No. ..., St. ..., Ward)

2. FULL NAME: Mollie Ann Turpin
(a) Residence, No.: Foley St., Ward. 615
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Le Roy Turpin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 2 1902

7. AGE: Years 36 | Months 3 | Days 22 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fiddler Mo

FATHER
13. NAME: James M. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known Mo

MOTHER
15. MAIDEN NAME: Mary White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known Mo

17. INFORMANT (ADDRESS): Orlando Leroy Turpin

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: June 26, 1938

19. UNDERTAKER (ADDRESS): Claude Rutherford, Excelsior Springs Mo.

20. FILED: 6-24-, 1938 Lorena M. Cruckshank, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1 PM 6-24, 1938, to 9 PM 6-24, 1938. I last saw her alive on June 24, 1938. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Uterine Hemorrhage
Was an Eu anaesthetic
(Died prior to delivery but could not control hemorrhage)

Other contributory causes of importance:
Placenta Previa

Name of operation: Given above Date of: 6-24-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) G. D. Craven, M. D.
(Address) Excelsior Springs Mo.

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