

DEC 1 AUG 24 1938

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

24974  
Do not use this space.

1. PLACE OF DEATH

(a) County CARTER Registration District No. 146  
(b) Township Pike Primary Registration District No. 3209 Registered No. 68  
(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

(a) Residence, No. HULAN TURLEY St.  (If nonresident, give city or town and State)  
CARTER CO (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5 9 29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
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) VS

FATHER 13. NAME R. T. TURLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RIPLEY CO

MOTHER 15. MAIDEN NAME HETTIE SPACKS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) R. T. TURLEY  
FREMONT, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellenore Ms DATE June 24 1938

19. FUNERAL DIRECTOR (ADDRESS) Cray-Funkh  
San Louis Ms

20. FILED Aug 10 1938 Jessie Schuff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY That I attended deceased from March 2 1938 to June 28 1938

I last saw him alive on June 28 1938. Death is said to have occurred on the date stated above, at 4 P. m.

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

Diarhea and Enteritis Date of onset 6-22

Other contributory causes of importance: Measles 3-2  
Broncho-Pneumonia 4-20

Name of operation Stomach Date of .....  
What test confirmed diagnosis Stomach 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? .....  
If so, specify Wm H Burton, M. D.  
(Signed) Jan Buren, Mo.  
(Address) 135

*Handwritten notes and signatures at the top of the page, including what appears to be a name and a date.*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

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

18. B  
17. B  
16. B  
15. B  
14. B  
13. B  
12. B  
11. B  
10. B  
9. B  
8. B  
7. B  
6. B  
5. B  
4. B  
3. B  
2. B  
1. B

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

24974  
Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 146  
(b) Township Pine Primary Registration District No. 3209 Registered No. 608  
(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

(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 S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29 1932

7. AGE YEARS 5 MONTHS 9 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Ellsinore  
(STATE OR COUNTRY) Carter Co Mo.

FATHER 13. NAME R. T. Turley

14. BIRTHPLACE (CITY OR TOWN) Ripley Co Mo.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lottie Spach

16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

17. INFORMANT R. T. Turley  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carter Co. DATE June 28 1938

19. FUNERAL DIRECTOR Croy - Feuckel  
(ADDRESS) Van Buren Mo.

20. FILED Aug. 10 1938 Jessie D. Schupp  
Jessie D. Schupp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from March 2 1938 to June 28 1938

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Diarrhea Enteritis

Date of onset

Other contributory causes of importance:

Measles, Broncho Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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 Wm H. Benton  
(Signed) \_\_\_\_\_, M. D.

(Address) Van Buren Mo.

