OCT 25 1938

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

32827
Do not use this space.

69

1. PLACE OF DEATH

(a) County: Monroe — Registration District No.: 2

(b) Township: Monroe — Primary Registration District No.: 579 — Registered No.:

(c) City: Holliday — (d) Street No.: 57½ A 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 Alvin Cleo Turpin

(a) Residence, No. 615 St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1938

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
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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) Holiday, Missouri

FATHER

13. NAME Clarence Cleo Turpin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Ark, Ind.

MOTHER

15. MAIDEN NAME Mary Ann Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

17. INFORMANT (ADDRESS) J. M. Turpin, Stoutsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holliday DATE 9/18 1938

19. FUNERAL DIRECTOR (NAME) Thos. Thompson
(ADDRESS) Madison, Mo

20. FILED 9/18 1938 Mrs. Lena Thompson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1938 to Sept. 18, 1938, 19
I last saw him alive on Sept. 18, 1938 19. Death is said to have occurred on the date stated above, at 4:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	
From apperance I judge death occured one week ago.	

Other contributory causes of importance:
Mother was very toxic and gives history of loosing first baby one hr. after birth.

Name of operation Date of
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

(Signed) T. R. Thompson D. O. D.
(Address) Madison, Missouri.

Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 10-38-298
Date Filed 10-16-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.