

NOV 23 1938

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

36146
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Maple Blaine Primary Registration District No. 56330 Registered No. 124
(c) City Mountain View (d) Street No. Missouri State Van 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. 6 mos. 11 ds. (f) How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

2. PRINT FULL NAME

(a) Residence, No. Mrs. Lottie Mallow St. Belgrade Mo (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1892

7. AGE YEARS 45 MONTHS 11 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Samstress

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) June 1937 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo

13. NAME John Edward Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Laura Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Missouri

17. INFORMANT (ADDRESS) Mr. Michael Reid
no State Jan

18. BURIAL, CREMATION, OR REMOVAL PLACE Drouton Mo DATE Oct. 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White
Drouton Mo

20. FILED Oct. 15 1938 P. A. Holmes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1938, to Oct 14 1938

I last saw him alive on Oct 14 1938. Death is said to have occurred on the date stated above, at 8:10 m. p

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

Pneumonia
Just preceding
Date of onset June 1936

Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis Autops 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

(Signed) Charles J. Morris, M. D.

(Address) mt. Vernon Mo

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. 6,

District File Number 6-38-476

Date Filed NOV 4 1938

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 conform with the above constitutes grounds for revocation of license.)

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