

REC'D JAN 18 1938

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

42764

Do not use this space.

## 1. PLACE OF DEATH

(a) County CLAY Registration District No. 201  
(b) Township Liberty Primary Registration District No. 5280  
(c) City Liberty (d) Street No. 3619 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

Robert Allen Turley  
(a) Residence, No. 640 St. Liberty 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
7 6 23

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) Missouri

FATHER 13. NAME Robert E Turley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agingdon Va

MOTHER 15. MAIDEN NAME Ruth Redagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Passons Kansas

17. INFORMANT (ADDRESS) Robert E. Turley Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Liberty DATE Jan 3 1938

19. FUNERAL DIRECTOR (ADDRESS) Brothers & Surringer 343 Harrison Liberty Mo

20. FILED 1731 1938 E T Brown Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1938 to Dec 31 1938

I last saw him alive on Dec 31 1938 Death is said to have occurred on the date stated above, at 10:45 am

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

Statushrymphaticus  
Enlarged Thyroid  
Heart

Date of onset

Dec 31 1938

Other contributory causes of importance: 67

Name of operation..... Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Burton Maltby M. D.

1938 (Address) Liberty Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/3/39

---

---

**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 comply with the above constitutes grounds for revocation of license.)**