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.

100M-11-24-33

JAN 15 1939

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

Do not use this space.

43474

1. PLACE OF DEATH
County Jasper
Township Mineral
City T B Hospital (No. ..... St. ..... Ward)

Registration District No. 413
Primary Registration District No. 5559-C

File No. .....
Registered No. 62

2. FULL NAME Lava E. Turner
(a) Residence, No. Rte 4 St., ... Ward. Carthage
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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) Moored

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9-1902

7. AGE YEARS 36 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Chilla Mo

FATHER
13. NAME Lewis Spry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ida E. Monette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moran Cem. Jasper DATE 11/14 1938

19. UNDERTAKER (ADDRESS) Ulmer Drake Carthage

20. FILED DEC. 5. 38 19 R. D. Pritchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1938, to Nov 12, 1938
I last saw her alive on Nov 12, 1938 Death is said to have occurred on the date stated above, at 7 15 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

22

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Res spu 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) Jesse E. Douglass, M. D.
(Address) Webb City