

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.

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

Do not use this space.

JAN 9 1939

44315

1. PLACE OF DEATH

91 County Ripley  
Township Washington  
City Fairbaulting (No. ....)

Registration District No. 754  
Primary Registration District No. 5995

File No. 98  
Registered No. 1389  
St. .... Ward)

2. FULL NAME

Francis Marwan Turner

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
84 10 14

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

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) Unknown Ind.

13. NAME Benjamin Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

17. INFORMANT Harvey Turner (ADDRESS) Harvey Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairbaulting DATE 12-31-38

19. UNDERTAKER Wm. A. Fish (ADDRESS) Harvey Mo.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938 to Dec 30, 1938

I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 9:5 A.m.

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

accidentally fell in floor of his home, head struck the left corner at the surgical bed.

Date of onset

Other contributory causes of importance: old and feeble

Name of operation .....

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? .....

Where did injury occur? 11-15, 1938 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

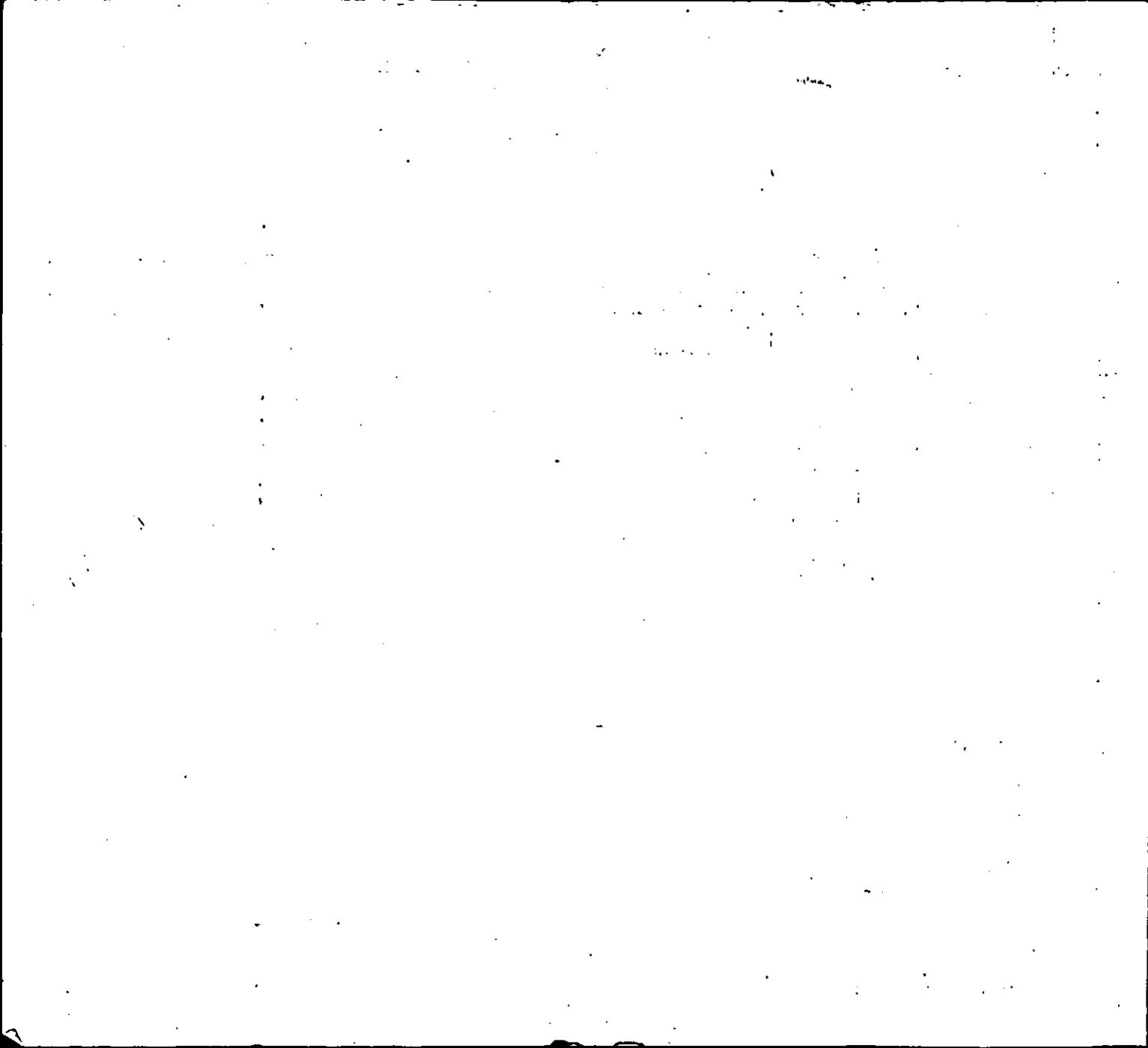
Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Steenhult M. D.  
Harvey Mo. (Address) 675



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

44315-  
Do not use this space.

1. PLACE OF DEATH:  
(a) County Duple Registration District No. 75  
(b) Township Washington Primary Registration District No. 599  
(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 Francis Marrian Gurner  
(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 (write the word) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gurner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 10 4  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938 to Dec 30 1938  
I last saw him alive on Dec 20 1938 Death is said to have occurred on the date stated above, at 2.5 A. M.  
The principal cause of death and related causes of importance were as follows:  
accidental fall in floor  
of his home and broke  
the left femur at the  
Other contributory causes of importance:  
urgent necr  
old and feeble  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ (Signed) H. E. White, M. D.  
(Address) Naylor Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana  
13. NAME Benjamin Gurner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Virginia  
15. MAIDEN NAME no  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Indiana  
17. INFORMANT (ADDRESS) Harris Gurner Naylor Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE fairdealing DATE 12-31 1938  
19. FUNERAL DIRECTOR (ADDRESS) Missie Esch Naylor Mo  
20. FILED 715 1939 Stuebbs Local Registrar.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

