

1939 FEB 6

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

1593  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township Columbia Primary Registration District No. 5112  
(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

(a) Residence, No. 309 A.P.D. #3 St.  (If nonresident, give city or town and State)

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 D. P. Todd  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22, 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 8 12  
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. Housewife  
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) Boone Co., Mo.  
13. NAME James Turner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Jamima Todd  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co., Mo.  
17. INFORMANT (ADDRESS) Jamie Todd  
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE 1-5-1939  
19. FUNERAL DIRECTOR (ADDRESS) A. O. Willett  
Columbia, Mo.  
20. FILED 1/5/1939 Allie Selby (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4<sup>th</sup>, 1939  
22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1938, to Jan 4, 1939  
I last saw her alive on Jan 4, 1939. Death is said to have occurred on the date stated above, at 12:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia  
1071  
Other contributory causes of importance:  
obesity & chronic bronchitis  
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) D. W. Watter D. Sparks DO  
74 (Address) 1100 E. Broadway

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.

STATEMENT BY LICENSED EMBALMER

I, P. Powell, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Arterial - Cavity

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed P. Powell

Licensed Embalmer No. 3183

**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.)**