

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.

REC'D FEB 21 1939

1. PLACE OF DEATH

12 County Luttrell
Township Newly
City Neelsville (No. 656)

Registration District No. 88

Primary Registration District No. 5130

File No. 1755

Registered No. 2 Ward

2. FULL NAME

(a) Residence No. James Turner 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 1874

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
64 10 9

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) 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Card Co, Miss

13. NAME Ed Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Miss

15. MAIDEN NAME Rose Ladell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mary Turner Neelsville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelsville DATE 1-22-39

19. UNDERTAKER (ADDRESS) Gymmie Gish Neelsville, Mo

20. FILED 1-20-39 E. Baartenfelt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19-39

22. I HEREBY CERTIFY, That I attended deceased from 1-2-39 to 1-19-39

I last saw him alive on 1-10-39 Death is said to have occurred on the date stated above, at 7 A.m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: 73

Name of operation none Date of —
What test confirmed diagnosis physical inspection 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) Wm. H. Houchens, M. D.

884 (Address) St. Louis B. L. B. Co

