REC'D FEB 15 1939

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

2343
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. Burge Hospital 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.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 81

2. PRINT FULL NAME Lena DeMille Turner
(a) Residence, No. 1031 W Atlantic St.
(Usual place of abode, if no street address, write county or city)
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1907
7. AGE YEARS 31 MONTHS 4 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. Telephone Supervisor
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) Everton Arkansas

FATHER
13. NAME Forrest DeMille
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Mary Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Thomas Turner Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellview DATE Jan 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H H Lohmeyer Springfield Mo
20. FILED Jan 28 1939 Chas A. George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26th 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I ~~last saw her alive~~ dead on Jan 26, 1939. Death is said to have occurred on the date stated above, at 1:48 m.
The principal cause of death and related causes of importance were as follows:
Lysol Poison taken by accident
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 23, 1939
Where did injury occur? Burge Hospital Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Lysol Poison taken by accident
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) H P Ferguson Coroner, M. D.
(Address) 604 E Elm St

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.