

REC'D APR 11 1939

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

Do not use this space.

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1. PLACE OF DEATH
County Lincoln Registration District No. 491
Township Snowhill Primary Registration District No. 5655
City Fray Mo (No. 370) St. Ward

651
2. FULL NAME Richard L. Turnbull
(a) Residence, No. Fray Mo St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 Lee Turnbull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1866

7. AGE YEARS 73 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 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) Batehoun Illinois

MOTHER FATHER 13. NAME Morgan Turnbull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Matilda Turnbull

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

17. INFORMANT (ADDRESS) Anna Turnbull Fray Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE The Hill Cem DATE April 5 1939

19. UNDERTAKER (ADDRESS) Wayne Mc Coy Fray Mo

20. FILED Apr 4 1939 M. Pearl Muehl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 38, 1938, to Apr 3, 1939

I last saw him/her alive on Apr 3, 1939 Death is said to have occurred on the date stated above, at 5.30 A.M.

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

Date of onset

Other contributory causes of importance:
Arteriosclerosis
Arterial Hypertension
Chronic Myocarditis

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. S. Harris, M. D.
(Address) Fray, Mo.

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.

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