

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

Do not use this space.

1939 APR 11 1939

2

1. PLACE OF DEATH

County Hawkeye Registration District No. 882
 Township Shakouy from Primary Registration District No. 6174
 City 3 - High City (No. 110) St. _____ Ward _____

File No. 12669
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME

(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 Husband of Marian Hamblin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25/1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>9</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
 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) St Louis Missouri

13. NAME William L Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Missouri

15. MAIDEN NAME Lillian Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

17. INFORMANT (ADDRESS) Mrs W L Turner

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City DATE 3/20/39

19. UNDERTAKER (ADDRESS) Wright City

20. FILED 3/20/39 19 Julius Kieburg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to March 17, 1939

I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Pneumonia Lobal.
 Other contributory causes of importance: Influenza.

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) Thos B. Nelson M. D.
 (Address) High City 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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