

REC'D MAY 10 1939

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

14205
 Do not use this space.

1. PLACE OF DEATH

(a) County Boone ² Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia or (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. 656 Emma Turner St. 5 West Allen
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Turner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 68
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. cook
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) November 1938 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Reuben Baker
 14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Margaret Gay
 16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____
 17. INFORMANT Lizbeth Logan (ADDRESS) Columbia Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4-14 - 1939
 19. FUNERAL DIRECTOR (NAME) Stuart A. Parker (ADDRESS) Columbia Missouri
 20. FILED 4/13/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/39 1939

22. I HEREBY CERTIFY That I attended deceased from 4/9/39 1939 to 4/10/39 1939
 I last saw her alive on 4/10/39 1939 Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

mitral insuff
 Date of onset _____

Other contributory causes of importance: M

Name of operation _____ Date of _____
 What test confirmed diagnosis? atlas 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) J. R. Hoffmann, M. D.
74 (Address) 112 S 8th St

1034

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: *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address. *Columbia Mo.*

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.)

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