

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.

RECD JUL 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22556

1. PLACE OF DEATH
 57 County Lincoln 2
 7 Township Beaumont 1
 City Tracy (No.)
 02. FULL NAME David Turnbull
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hertude Turnbull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1859</u>		
7. AGE <u>79</u>	YEARS <u>6</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General duties</u>
10. Date deceased last worked at this occupation (month and year) <u>1929</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calhoun City, Ill.</u>		
13. NAME <u>Morgan Turnbull</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>		
15. MAIDEN NAME <u>Matilda Elston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln City, Mo.</u>		
17. INFORMANT <u>Owen Turnbull</u> (ADDRESS) <u>Tracy, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Asbury Chapel</u> DATE <u>June 29, 1939</u>		
19. UNDERTAKER <u>Wayne McCoy - McCoy Funeral Home</u> (ADDRESS) <u>Tracy, Mo.</u>		
20. FILED <u>6-28-39</u> <u>Mrs Pearl Muck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY That I attended deceased from June 2, 1939, to June 28, 1939.
 I last saw him alive on June 27, 1939. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Arteriosclerosis and old age

Other contributory causes of importance:
Arteriosclerosis and old age

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
 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 E. A. Bieko M. D.
 (Signed) Mary M. M. M. (Address) Tracy, Mo.

