

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

Do not use this space.

REC'D AUG 22 1939

26561

1. PLACE OF DEATH

County Platte Registration District No. 691
 Township Green Primary Registration District No. 3779
 City 156 (No. 156) St. 6 Ward 6

2. FULL NAME William Lewis Turner

(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15th 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Camden Point (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Olie Turner

14. BIRTHPLACE (CITY OR TOWN) Keokuk (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Mary Corbrough

16. BIRTHPLACE (CITY OR TOWN) Keokuk (STATE OR COUNTRY) Iowa

17. INFORMANT Benjamin Turner (ADDRESS) Camden Point Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Point Cem. DATE Aug 8th 1939

19. UNDERTAKER Missian Darr (ADDRESS) Deaerborn Mo.

20. FILED Aug 12 1939 PK/dak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-3-39 1939, to 8-6-39 1939

I last saw him alive on 8-6-39 1939 Death is said

to have occurred on the date stated above, at 1130 A. M.

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

Mitral Heart Disease Date of onset 1928
Acute Pulmonary Edema 8-6-39

Other contributory causes of importance: 92h

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

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? No

If so, specify _____

(Signed) Frank E. Johnson, M. D.

(Address) Platte City, Mo.

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.

