

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

AUG 11 1939

26606  
Do not use this space.

1. PLACE OF DEATH

(a) County Ralls. Registration District No. 727  
(b) Township Perry. Primary Registration District No. 4433 Registered No. \_\_\_\_\_  
(c) City Perry. (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

William L. Turnbough.  
(a) Residence, No. Perry, Missouri. St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Myrtle Turnbough.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 9, 1886

7. AGE YEARS 52 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner.  
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Mine.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Florida,  
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME Andrew Turnbough.  
14. BIRTHPLACE (CITY OR TOWN) Florida,  
(STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Elizabeth Dowell.  
16. BIRTHPLACE (CITY OR TOWN) Florida,  
(STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Myrtle Turnbough,  
Perry, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lick Creek. DATE July, 31, 1939

19. FUNERAL DIRECTOR (NAME) Clyde C. Wilbey,  
(ADDRESS) Perry, Missouri.

20. FILED 7/28, 1939 Clyde C. Wilbey,  
Local Registrar 654

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 26, 1939.

22. I HEREBY CERTIFY That I attended deceased from No medical attention 19\_\_\_\_ to 19\_\_\_\_  
I last saw him alive on 19\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Suicide  
(Caused from gunshot wound from S.P. Caliber Gun)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 7/26, 1939.  
Where did injury occur? Perry, Missouri.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound  
Nature of injury Shot through head

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify Clyde C. Wilbey (Carson)  
(Signed) Perry, Mo. (Ralls County)

RECEIVED

District Health Officer No. 10

District File Number 8-39-1353

Date Filed AUG 5 1939

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, \_\_\_\_\_

Clyde C. Wilbey

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Clyde C. Wilbey

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.