

REC'D SEP 19 1939

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

29681  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Marion Primary Registration District No. 3079  
(c) City Hannibal (d) Street No. Bear Creek 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. 1611 Martin 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alberta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-1-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 ✓ 10 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parkville MO

13. NAME John H. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Angie Salon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Claude Turvey 1611 Martin Hannibal MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE 8-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Donnell Corner Hannibal Mo

20. FILED Aug 8 1939 J. C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. - 3 - 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.  
The principal cause of death and related causes of importance were as follows:

Verdict of Jury  
Accidental Fall against Rocks on Bank of Bear Creek near Third Street, Bridge, Hannibal

Other contributory causes of importance:

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) James Donnell Corner M.D.  
(Address) Hannibal 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.

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**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.....

*Michael J. O'Donnell*....., Registered Apprentice No. *3246*  
working under my personal supervision.

Signed *Michael J. O'Donnell*  
Licensed Embalmer No. *3246*  
P. O. Address *Hannibal*

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township \_\_\_\_\_ Primary Registration District No. 3029 Registered No. 228  
(c) City Hannibal (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 Harry Turner

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-3</u> 19 <u>39</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1 1867</u>			I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.			
7. AGE <u>71</u>	YEARS <u>10</u>	MONTHS <u>2</u>	DAY <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.	The principal cause of death and related causes of importance were as follows:	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation			
	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)					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			Other contributory causes of importance:			
FATHER	13. NAME			Name of operation _____ Date of _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			What test confirmed diagnosis? _____ Was there an autopsy? _____		
MOTHER	15. MAIDEN NAME			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.		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			Manner of injury _____ Nature of injury _____		
17. INFORMANT (ADDRESS)			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>James O'Donnell, Co.</u> _____ (Address) <u>Hannibal Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____						
19. FUNERAL DIRECTOR (ADDRESS)						
20. FILED <u>Oct 10 1939</u> <u>E. J. Leese</u> Local Registrar.						

SUPPLEMENTARY

CAUSE OF DEATH is plain text, so it may be properly classified. E.g., statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A F FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

