REC'D OCT 12 1939

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

32105
Do not use this space.

1. PLACE OF DEATH
(a) County: Carroll 2
(b) Township: Grasgem 1
(c) City: ~~Wheeler~~ Wakenda
Registration District No. 135
Primary Registration District No. 4080
Registered No. 112
(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.
65½

17
80
0

2. PRINT FULL NAME Martha Peebly Turner
(a) Residence, No. ..... St.
(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: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm J. Turner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 12, 1854
7. AGE: Years 84 | Months 11 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): New Franklin Mo.

FATHER
13. NAME: Reuben Peebly 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Turner Wakenda Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Adkins Cem. DATE: Sept. 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stanley Carroll Mo.
20. FILED 9-22, 1939 Ruth Haskins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Sept 21, 1939
I last saw her alive on Sept 20, 1939. Death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
6 6 6	

Other contributory causes of importance:
Exophthalmic goiter

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? No.
If so, specify .....
(Signed) J. Hamilton Slater, M. D.
(Address) 130 Carrollton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10/9/39

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, Ben W Gibson, or by

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

Signed Ben W Gibson

Licensed Embalmer No. 296

P. O. Address Carrollton Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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