WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

FILED MAR 27 1944

Do not use this space. 9548

1. PLACE OF DEATH

County ..... Registration District No. 318 File No. 82

Township ..... Primary Registration District No. 1003 Registered No. 2436

City St. Louis (No. 0 Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME James G Turner NR.

(a) Residence, No. ..... St., ... Ward. Eolia, Missouri
(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. 11 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: 0 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 1 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Lee Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1875

7. AGE: YEARS 68 MONTHS 2 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY): Lincoln County 0 Missouri

FATHER
13. NAME: Silas Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County 0 Missouri

MOTHER
15. MAIDEN NAME: Adelia Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County 0 Missouri

17. INFORMANT (ADDRESS): Ella Lee Turner Eolia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eolia, Mo. DATE 3-14-44, 19

19. UNDERTAKER (ADDRESS): Albert H. Hoppe 4700 Washington Blvd.

20. FILED MAR 13 1944 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 10, 1944

22. I HEREBY CERTIFY, That I attended deceased from 2 - 20, 1944 to 3 - 10, 1944

I last saw him alive on 3 - 10, 1944 Death is said to have occurred on the date stated above, at 1 12 p. m.

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

Bilateral Pulmonary Embolic — Date of onset 10 min

Other contributory causes of importance: Ventral Hernia 1 yr

Name of operation Herniorrhaphy Date of 2-21-44

What test confirmed diagnosis? Autopsy 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) John D Hayward, M. D.

(Address) Metropolitan Bldg St Louis

100M-3-28-39

John Agonoski
3398