

JAN 21 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45824

1. PLACE OF DEATH

County Newton
 Township
 City Neosho (No. , St. Ward)

Registration District No. 609
 Primary Registration District No. 4363

File No.
 Registered No. 139

2. FULL NAME

Mary Lizzie Turntime

(a) Residence, No. , St. RR5 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Arkansas

13. NAME Alfred Hicks

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

15. MAIDEN NAME Mary Lizzie Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Hill Ark.

17. INFORMANT Myrtle Lill Home (ADDRESS) Oshter, Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenney Cem. Mo DATE Dec. 27, 1936

19. UNDERTAKER Myrtle Lill Home (ADDRESS) Oshter, Oklahoma

20. FILED 12-31, 1936 Oral Asale Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1936 to Dec. 25, 1936

I last saw h. or alive on Dec. 23, 1936 Death is said to have occurred on the date stated above, at 1 P. m.

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

Lobar pneumonia Date of onset
Right side

Other contributory causes of importance:
Carica

Name of operation no 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? 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 None
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) Oral Asale, M. D.
 (Address) Neosho, Mo

