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STATE OF MISSOURI }
CITY OF JEFFERSON } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of Missouri this date of

Joseph B. Reichart
Joseph B. Reichart
State Registrar of Vital Statistics

FEB 16 1982

OCT 22 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Montgomery Registration District No. 592
Township Montgomery Primary Registration District No. 5790
City Montgomery City Ward _____
2. FULL NAME James William Turner
(a) Residence, No. Near Montgomery City Mo. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____

34833
File No. _____
Registered No. 18

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Louise Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10 1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>11</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</u>		
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, year) <u>Sept. 1937</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Missouri</u>		
13. NAME <u>George Turner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Missouri</u>		
15. MAIDEN NAME <u>Elizabeth Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Martinsburg Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Elizabeth Turner Columbia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ullinette - Boone Co</u> DATE <u>8-17-1937</u>		
19. UNDERTAKER (ADDRESS) <u>J. A. Karley Montgomery City Mo.</u>		
20. FILED <u>Sept 16 1937</u> <u>Paul M. ...</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937 to Sept 15 1937
I last saw him alive on Sept 15 1937 Death is said to have occurred on the date stated above, at 5:30 AM
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage, Rh with Left Hemiplegia
Date of onset 8-6-37

Other contributory causes of importance:
Hypertensive C.V. Disease

Name of operation none Date of _____
What was confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (accident, suicide, or homicide), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____
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) E. J. T. Anderson M. D.
(Address) Montgomery City, Mo