

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

Do not use this space.

26339

1. PLACE OF DEATH

County Andrew
Township Buttwiner
City Mexico (No.) St. Ward

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 122

2. FULL NAME Tom H. Curry Turner

(a) Residence. No. 700 S. Clark St. 3rd 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 8 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co, Mo.

10. NAME OF FATHER Andrew Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Polly Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Tom Turner (Address) Mexico Mo.

15. Aug 17, 1928 Ina S. Milligan REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16, 1928

17. I HEREBY CERTIFY That I attended deceased once Aug 15, 1928, to one time only that I last saw him alive on Aug 15, 1928 and that death occurred, on the date stated above, at 6 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Arterio-sclerosis
Cerebral hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infirmities of age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PEACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William Ford, M. D.
, 19 (Address) Mexico Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico Mo (Elmwood) DATE OF BURIAL Aug 17 - 1928

20. UNDERTAKER J. H. Phillips, Jr. ADDRESS Mexico 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.

