

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

Do not use this space.

27791

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029

File No. 265
Registered No. 265
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 428 Menger St., _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Harvey M. Turner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25 - 1889

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
38 | 6 | 3 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House - Wife
(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) Mo.

PARENTS

10. NAME OF FATHER Levin Gotta Harris

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

12. MAIDEN NAME OF MOTHER Mary Patten

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

14. INFORMANT Harvey M. Turner
(Address) 428 Menger St.

15. FILED 9/29/27 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28 1927

17. I HEREBY CERTIFY That I attended deceased from July 10, 1925, to Sept 28, 1927
last I saw her alive on Sept 28, 1927, and that death occurred, on the date stated above, at 12:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Peritonitis

33 25
(duration) 7 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) Tubercular Endocarditis
(duration) 3 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? yes. DATE OF 1920
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Miscellaneous
(Signed) W. J. ..., M. D.
, 19 (Address) Hannibal 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 DATE OF BURIAL
St. Oliver Cemetery 9-30, 1927

20. UNDERTAKER ADDRESS
James O'Donnell Hannibal

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.

PERMANENT RECORD

