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

Do not use this space.

6315

1. PLACE OF DEATH
County: Iron
Township: Iron
City: Graniteville (No. ..... St. ..... Ward)

Registration District No. 1159
Primary Registration District No. 5549

File No. .....
Registered No. 35

2. FULL NAME Earl George Turnbaugh

(a) Residence. No. ..... 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. 9 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 29 - 1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	2	14	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: — 182
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Graniteville
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Traffic Turnbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Missouri
12. MAIDEN NAME OF MOTHER: Ida Reeves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Douglas County Mo.

14. INFORMANT: Ratchel Brown
(Address): Graniteville Mo.

15. FILED 3 9 29 Annie C Byrum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1929

17. I HEREBY CERTIFY, That I attended deceased born ~~in~~ Mo and Born ~~, 19 ..... to ~~, 19 ..... that I last saw ~~him~~ alive on ~~, 19 ..... and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Smothered by mother by accident
No inquest held. Not necessary
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Mother had convulsions
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 180

DID AN OPERATION PRECEDE DEATH? No. DATE OF 34

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward L. L. Bannhouse M.D.
, 19 (Address) Ironton Iron Co 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: Cedar Falls Iowa.
DATE OF BURIAL: Feb 13 1929

20. UNDERTAKER: W. R. White & Son
ADDRESS: Ironton 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.

Mar 22 1929