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

Do not use this space.

33015

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1168
City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME Nora Turpin
(a) Residence. No. State Hosp. No 2 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. 6 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1861

7. AGE: Years 68 — Months Unknown — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not Known
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Peter Venable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Mo.

14. INFORMANT Hosp records (Address) State Hosp. No 2

15. FILED Oct 9 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch. 18th, 1929, to Oct. 5th, 1929 that I last saw her alive on Oct. 5th, 1929, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
X 2 A
84 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Insanity
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. O. Dewey, M. D
10/10/29 (Address) State Hosp. #2

*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: State Hos. No 2, Cem — DATE OF BURIAL: Oct 9 1929

20. UNDERTAKER: B F Graves — ADDRESS: 806-S-17th Str

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD NOV 23

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.