

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

Do not use this space.

36366

1. PLACE OF DEATH

County Buchanan
Township _____
City St Joseph (No. Doctors Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 1284
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Ridgeway Mo.
(Usual place of abode)
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 <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 13 1853</u>				
7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>7</u>	<u>24</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Retired agr</u> (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Turner

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

12. MAIDEN NAME OF MOTHER _____ (STATE OR COUNTRY) Canada

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

14. INFORMANT J.P. Turner
(Address) Ridgeway, Mo.

15. FILED NOV 8 1929
REGISTRAR John S. [Signature]

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1929 to Nov. 7, 1929 that I last saw him alive on Nov. 6, 1929 and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbuncle in heels - 3 days primary embolus
94B
1511 (duration) yrs. 3/4 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 1520 (duration) yrs. _____ mos. _____ ds.

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

2 DID AN OPERATION PRECEDE DEATH? _____ DATE OF Oct 19 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation + Gram stain
(Signed) Carl [Signature], M. D.
11/8, 1929 (Address) 731 Farson St. Joe, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ridgeway, Mo. DATE OF BURIAL 11/10 1929

20. UNDERTAKER J.W. [Signature] ADDRESS 216 So 10th

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.

RECORD

11-18-1929

