

AUG 20 1930

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

Do not use this space.

22139

1. PLACE OF DEATH

County Callaway,  
Township Fulton,  
City Fulton, Mo. (No. ...., ..... St. .... Ward)

Registration District No. 104  
Primary Registration District No. 5153

File No. ....  
Registered No. 163

2. FULL NAME Cary Alonzo Turner,

(a) Residence No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband of Mary Turner,</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sep't , 27th, 1849,</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	IF LESS than 1 day, .... hrs. or .... min.

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) Do,  
(c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>Cary Turner,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va,</u>
	12. MAIDEN NAME OF MOTHER <u>Eliza Rollins,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va,</u>

14. INFORMANT Mrs. Mary Turner,  
(Address) R. F. D, Fulton, Mo,

15. FILED July 15 1930 R. N. Creese  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1930  
17. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1929 to July 15 1930, and that I last saw him alive on July 15 - 1930, and that death occurred, on the date stated above, at about 11:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio-Sclerosis

824  
97 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Cerebral apoplexy  
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) [Signature] M. D.  
July 15 1930 (Address) Fulton 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 Mt-Carmel Cemetery, DATE OF BURIAL 7-17-30,

20. UNDERTAKER Herndon-Taylor/Furn-co, ADDRESS Fulton, 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.

