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

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.

AUG 29 1931

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

Do not use this space.

25982

1. PLACE OF DEATH
County Randolph — Registration District No. 737 — File No. 19
Township Chariton — Primary Registration District No. 5972 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	6	3	

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

9. BIRTHPLACE (CITY OR TOWN) Chariton County
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Chariton County
12. MAIDEN NAME OF MOTHER Margaret Robins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Chariton County

14. INFORMANT Mrs. Thomas Epperly
(Address) Clifton Hill R.F.D.

15. FILED July 22 1931 O. H. Hatton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1931

17. I HEREBY CERTIFY, That I attended deceased from 18 July, 1931 to July 18, 1931 that I last saw her alive on July 18, 1931, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Sewer
466
126
(duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Biliary Calculi
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Induration of liver and gall stones
(Signed) ..... M. D.
July 19 1931 (Address) J. D. McAdam

*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: Thomas Hill — DATE OF BURIAL: July 20 1931

20. UNDERTAKER: G. C. Minor — ADDRESS: Huntsville Mo