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.

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

Do not use this space.

40368

1. PLACE OF DEATH
3 County Laclede — Registration District No. 449
2 Township Lebanon — Primary Registration District No. 4267
6 City — (No. ..., ... St. ... Ward)

File No. ...
Registered No. 1790

2. FULL NAME Margarete Catherine Turner
(a) Residence, No. Lebanon 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. H. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August, 22, 1866

7. AGE: YEARS 66 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox County Tenn. 2

FATHER
13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known 31

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT (ADDRESS): W. H. Turner, Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE Dec. 9, 1932

19. UNDERTAKER (ADDRESS): Palmer, Lebanon, Mo.

20. FILED 12/9 1932 J. M. Billings Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 8, 1932
I last saw her alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	Dec 7
Secondary to hysterectomy	
13948 (1)	
Other contributory causes of importance:	
Carcinoma of uterus	1 yr

Name of operation: Hysterectomy — Date of Dec 7 1932
What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: no
(Signed) P. Mumpson, M. D.
(Address) Lebanon Mo.