

APR 21 1933

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

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

Do not use this space.

8416

1. PLACE OF DEATH

4 County Audrain
Township Saling
City (No.)

Registration District No. 79
Primary Registration District No. 5036

File No.
Registered No.
St. Ward

2. FULL NAME Margaret Jane Turner

(a) Residence, No. 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23, 1853</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	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) <u>Mo.</u>				
FATHER	13. NAME <u>James Toalson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>			
MOTHER	15. MAIDEN NAME <u>Lovell Toalson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>			
17. INFORMANT (ADDRESS) <u>Nannie Richards, Surgeon Mo. (R.F.D.)</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Pisgah Cem.</u> DATE <u>March 25, 1933</u>				
19. UNDERTAKER <u>Sims and Barnes, Surgeon Mo.</u> (ADDRESS)				
20. FILED <u>Mar. 27, 1933</u> <u>E. N. Gentry</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Only Mar. 24, 1933 to, 19.....
I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
She was killed by a vicious cow
1888
1888
Other contributory causes of importance: Senility

Name of operation Date of
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 3/24, 1933
Where did injury occur? at his home - 13 am (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury Bones of fractured limb

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. N. Gentry, M. D.
(Address) Sturgeon 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.

