

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

Do not use this space.

**27342**

**1. PLACE OF DEATH**  
 County Platte Registration District No. 694  
 Township Carroll Primary Registration District No. 5924  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alta Lois 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**

<b>3. SEX</b> <u>female</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND or (OR) WIFE OF <u>J. Harvey Turner</u>				
<b>6. DATE OF BIRTH</b> (MONTH, DAY, AND YEAR) <u>12-11-1892</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>40</u>	<b>MONTHS</b> <u>8</u>	<b>DAYS</b> <u>10</u>	<b>IF LESS than 1 day,</b> _____ hrs. or _____ min.
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Housewife</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	<u>Edgerton, Mo.</u>			
<b>13. NAME</b>	<u>Alfred Lippitt</u>			
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	<u>Platte Co. Mo.</u>			
<b>15. MAIDEN NAME</b>	<u>Martha Ann Newman</u>			
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	<u>Edgerton, Mo.</u>			
<b>17. INFORMANT (ADDRESS)</b>	<u>J. Harvey Turner</u> <u>H. B. Smith, Mo.</u>			
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE	<u>Doan Cem.</u>		DATE	<u>Aug 23, 1933</u>
<b>19. UNDERTAKER (ADDRESS)</b>	<u>W. L. Casper, Undertaking</u> <u>Missouri, Mo.</u>			
<b>20. FILED</b>	<u>Aug. 24, 1933</u>	<u>Mary B. Knight</u>	<u>Registrar.</u>	

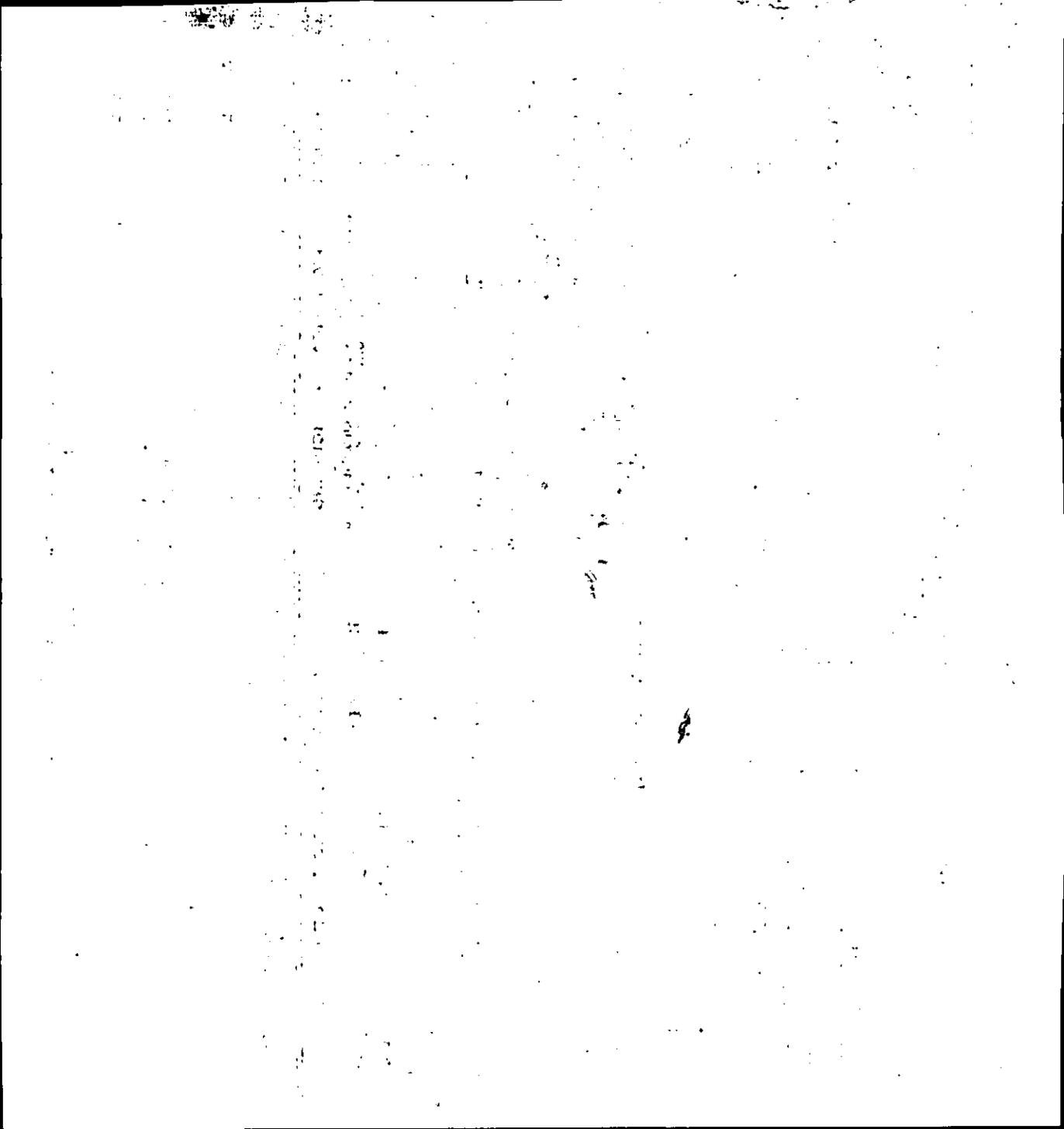
**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 8/21, 1933

**22. I HEREBY CERTIFY**, That I attended deceased from 8/18, 1933 to 8/21, 1933  
 I last saw her alive on 8/21, 1933 Death is said to have occurred on the date stated above, at 7. Am.  
 The principal cause of death and related causes of importance were as follows:  
mesenteric emboli  
99/A  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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.

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify \_\_\_\_\_  
 (Signed) E. O. Hill M. D.  
 (Address) Smithville Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Platte  
Township Carroll  
City (No. ....) .....

Registration District No. 696  
Primary Registration District No. 5924

File No. 27342  
Registered No. 26  
St. .... Ward .....

**2. FULL NAME**

Alta Lois Turner

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
40 8 10

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.  
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) Edgerton Mo.

13. NAME Alfred Liggett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County Mo.

15. MAIDEN NAME Martha Ann Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton Mo.

17. INFORMANT (ADDRESS) J. Harvey Turner Smithville Mo.

18. BURIAL, CREMATION, OR REMOVAL  PLACE DATE Aug 23 1933

19. UNDERTAKER McComas Undertakers (ADDRESS)

20. FILED 19 Mrs. Francis E. Murray Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-18 to 8-21, 1933

I last saw her alive on 8-21, 1933 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Misadventure emboli  
not purpural  
Other contributory causes of importance:  
none

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 ..... Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) ....., M. D.

(Address) .....

IF THIS FORM SHALL NOT BE RECEIVED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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1812-13