

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

Do not use this space.

SEP 23 1936

48784

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. _____

Township Independence

Primary Registration District No. 309A

Registered No. 292

2. FULL NAME

(a) Residence, No. 517 West Maple

(Usual place of abode)

Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Independence Missouri

13. NAME London Turnbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri

15. MAIDEN NAME Craw Stark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Missouri

17. INFORMANT (ADDRESS) Gordon Turnbaugh 517 West Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Walling Grove DATE Aug 23 1936

19. UNDERTAKER (ADDRESS) Single & Gordon Independence Mo.

20. FILED Aug 24 1936 J. L. Cook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1936 to Aug 23 1936

I last saw h. _____ alive three hours 19. _____ Death is said to have occurred on the date stated above, at 8:15 a.m. in uterus

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

Death in uterus
Still born

Other contributory causes of importance:
Premature detachment of placenta

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? none
(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? no
If so, specify _____

(Signed) W. H. Miller M. D.
(Address) Independence 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.

WHITE FORM, WITH UNFADING INK—THIS IS A PERMANENT RECORD

