

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 17 1938

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

Do not use this space.

21627

1. PLACE OF DEATH

County Clay  
Township Fitchman  
City Excelsior Springs (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 198  
Primary Registration District No. 30.11

File No. \_\_\_\_\_  
Registered No. 87

2. FULL NAME Virginia Turpin

615

(a) Residence, No. Talay 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1938

22. I HEREBY CERTIFY, That I attended deceased from 6-24, 1938, to 6-24, 1938

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

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6 P. m.

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

The principal cause of death and related causes of importance were as follows:  
Due to hemorrhage from placental previa - can't see anesthetic did Podalic version & delivered dead child -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:  
Condition mother - hemorrhage - delivery & anesthetic

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) Excelsior Springs Mo

Name of operation artificial delivery Date of 6-24-38  
What test confirmed diagnosis? clinical Was there an autopsy? no

13. NAME Le Roy Turpin

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

15. MAIDEN NAME Mollie Ann Reed

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

17. INFORMANT Orlando Leroy Turpin

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE June 26 1938

19. UNDERTAKER (ADDRESS) Claude Puckard Excelsior Springs Mo

20. FILED 6-24-1938 Orlando Leroy Turpin Registrar.

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? \_\_\_\_\_ (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) Y. D. Craven M. D.  
(Address) Excelsior Springs Mo

1998-1999

Year	Q1	Q2	Q3	Q4	Total
1998	100	100	100	100	400
1999	100	100	100	100	400
2000	100	100	100	100	400
2001	100	100	100	100	400
2002	100	100	100	100	400
2003	100	100	100	100	400
2004	100	100	100	100	400
2005	100	100	100	100	400
2006	100	100	100	100	400
2007	100	100	100	100	400
2008	100	100	100	100	400
2009	100	100	100	100	400
2010	100	100	100	100	400
2011	100	100	100	100	400
2012	100	100	100	100	400
2013	100	100	100	100	400
2014	100	100	100	100	400
2015	100	100	100	100	400
2016	100	100	100	100	400
2017	100	100	100	100	400
2018	100	100	100	100	400
2019	100	100	100	100	400
2020	100	100	100	100	400
2021	100	100	100	100	400
2022	100	100	100	100	400
2023	100	100	100	100	400
2024	100	100	100	100	400
2025	100	100	100	100	400
2026	100	100	100	100	400
2027	100	100	100	100	400
2028	100	100	100	100	400
2029	100	100	100	100	400
2030	100	100	100	100	400
2031	100	100	100	100	400
2032	100	100	100	100	400
2033	100	100	100	100	400
2034	100	100	100	100	400
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2037	100	100	100	100	400
2038	100	100	100	100	400
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2040	100	100	100	100	400
2041	100	100	100	100	400
2042	100	100	100	100	400
2043	100	100	100	100	400
2044	100	100	100	100	400
2045	100	100	100	100	400
2046	100	100	100	100	400
2047	100	100	100	100	400
2048	100	100	100	100	400
2049	100	100	100	100	400
2050	100	100	100	100	400