REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Andrain
Township ~~Wilson~~
City Mexico Mo (No. Andrain Hospital St. Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. 24612
Registered No. 107

2. FULL NAME John Calvin Turner 656
(a) Residence, No. Centralia Mo 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1872

7. AGE YEARS 66 MONTHS 1 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) July 29 38
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co Mo.

FATHER
13. NAME Albert Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo.

MOTHER
15. MAIDEN NAME Martha Silver
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Mrs J. C. Turner Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo Cem DATE 7/31 1938

19. UNDERTAKER (ADDRESS) M J McDonald Centralia Mo

20. FILED July 29 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Coroner Case.
Accidental crushed by loaded wagon wheel

Date of onset

Other contributory causes of importance: 2/2/38

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 7-29, 1938
Where did injury occur? on farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall under loaded wagon
Nature of injury Chest & abdominal Injuries

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) B. M. Marlow Coroner
(Address) Andrain Co.

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