NOV 17 1938

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

35763
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township S. Campbell — Primary Registration District No. 5440 — Registered No. 789
(c) City Springfield — (d) Street No. U.S. Hospital for Defective Delinquents
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 8 mos. 11 ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME 656 TURNER, Alonzo
(a) Residence, No. ..... St. ☐ Washington, D. C.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married & divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (3rd Wife) 3 times Mary Whittly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1904
7. AGE: ✓ YEARS 34 MONTHS 4 DAYS 24 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter & decorator
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) DK
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roxboro, No. Car. 1

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) Deceased
18. BURIAL, CREMATION, OR REMOVAL PLACE Roxboro, No. Car DATE 10-26-38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. Lohmeyer F. Home Springfield, Missouri
20. FILED Oct 26 1938 Chas A George M.D. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1938 19
22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1938, 19..., to Oct. 25, 1938, 19...
I last saw him alive on Oct. 25, 1938, 19... Death is said to have occurred on the date stated above, at 6:16 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis, generalized — Date of onset 2 days

34

Other contributory causes of importance:
Ulcers, multiple, of sigmoid colon, cause unknown, with perforation — DK
Syphilis — DK

Name of operation Laparotomy Date of 10-25-38
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? No
If so, specify
(Signed) E. W. Green, P.A. Surgeon, M. D.
(Address) Clinical Director, USHDD, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

JAN 18 1949

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**