

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.

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

Do not use this space.

42218

1. PLACE OF DEATH

County Barry Registration District No. 29
Township McDonald #1 Primary Registration District No. 5045 B
City (No.) Ward

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

656 Mary Jane 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>D</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Jackson Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27 - 1870</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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)
Stone Co mo

MOTHER FATHER 13. NAME Abner Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
West Harrison

15. MAIDEN NAME Mary Jane M^cCallough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill

17. INFORMANT Willa Mae Schmier
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparks Cem DATE 12-21 1938

19. UNDERTAKER W. H. Hoop
(ADDRESS) Cassville

20. FILED 12-20 1938 Seawright
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19- 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I 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:

Suicide
Date of onset _____
Other contributory causes of importance:
Taken Carbitic acid

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) Playholaway Carson
Monett Mo
? (Address) _____

