

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

Do not use this space.

37224

PLACE OF DEATH

County Moniteau
Township Walker
City California (No. St. Ward)

Registration District No. 371
Primary Registration District No. 43-35

File No.
Registered No. 60

2. FULL NAME

(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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Barnett Turpin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 17

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

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) Moniteau

13. NAME George Turpin

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

15. MAIDEN NAME Emaline Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co, Mo

17. INFORMANT Mary Turpin

(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland DATE 11/25 1935

19. UNDERTAKER Willeam F. Friedman

(ADDRESS) California Mo

20. FILED 11-14-1935 A. H. Poye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933, to Nov 13 1933

I last saw him alive on Nov 13 1933 Death is said

to have occurred on the date stated above, at 8:30 p.m.

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

Tuberculosis of Date of onset

small intestine and

menstris

(Revealed at autopsy)

Other contributory causes of importance:

Peritonitis

acute

valvular disease

Name of operation Appendectomy Date of 11-6-33

What test confirmed diagnosis? Autopsy 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?

Also, specify L. P. Latham M. D.

(Signed) L. P. Latham M. D.

(Address) California Mo

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