

OCT 25 1927

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

Do not use this space.

1. PLACE OF DEATH

County CarterRegistration District No. 146File No. 20908^aTownship PikePrimary Registration District No. 5209

Registered No.

City

(No. St. Ward)

2. FULL NAME

Margaret Elizabeth Turley

(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 79 yrs. 4 mos. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

William O. Turley6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19, 1849

7. AGE

YEARS

MONTHS

DAYS

- If LESS than 1 day, hrs. or min.

79430

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Carter Co. Mo

10. NAME OF FATHER

Geo Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Jane Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT
(Address)E. A. Turley
Fremont, Mo

15.

FILED

7.31 1927W. C. Celler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30, 192717. I HEREBY CERTIFY, That ~~the deceased~~

....., 19....., to

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....5 a......m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Debility inci-
dent to age.no physician in
attendance

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....J. H. Cotton..... M. D., 19 (Address) Carroll,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Carter Co. Mo7-31 1927

20. UNDERTAKER

ADDRESS

W. C. Celler

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.

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