

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.

JUL 27 1932

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

Do not use this space.

20609

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 772  
 4 Township St. Francois Primary Registration District No. 4463  
 6 City Elvins (No. ....) St. .... Ward .....

2. FULL NAME Leroy James 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
2 8 25

OCCUPATION

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

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) Elvins Mo.

FATHER

13. NAME William Turley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnet, Mo.

MOTHER

15. MAIDEN NAME Alberta Dodson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnet, Mo.

17. INFORMANT William Turley  
 (ADDRESS) Elvins Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bonnet, Mo. DATE 7-2 1932

19. UNDERTAKER Baldwell Bros.  
 (ADDRESS) Flat River

20. FILED 7-10 1932 Edgar White  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY That I attended deceased from 9:30 P.M. June 30, 1932, to 11:30 June 30, 1932  
 I last saw him alive on June 30, 1932. Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
tohalera infantum Date of onset June 29

Other contributory causes of importance:  
209 120 (3)

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? ..... 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) J. A. Melham, D.D.  
 (Address) Flat River, Mo.

