

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Co
Township Waller
City De Soto (No. _____) St. _____ Ward _____

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. 7128

2. FULL NAME

Viola Turley 640
(a) Residence, No. 1218 S. 2nd St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 18577. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper
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) Jefferson Co Mo13. NAME W. W. Turley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Co Mo15. MAIDEN NAME Emaline Shiley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Hill Mo17. INFORMANT (ADDRESS) Mr. Perry Welch De Soto Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bonnie Terrace DATE Feb. 6 193819. UNDERTAKER (ADDRESS) Mo Shiley De Soto20. FILED 3-3 1938 Jessie Donnell Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 193822. I HEREBY CERTIFY, That I attended deceased from 10-30 1937 to 2/3 1938I last saw her alive on 2/1 1938 Death is said to have occurred on the date stated above, at 4:30 P.

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

Infective of Lemn B.T. 10/3/37
186

Other contributory causes of importance:

General Infirmities of Age

Name of operation _____ Date of _____

What test confirmed diagnosis Spec Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 10/3 1937Where did injury occur? De Soto Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Fall - accidental

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Chas E Falck M. D.(Address) De Soto Mo

