

Cynthiana Democrat – December 19, 1918

TURNER— Ezekiel Turner, 82 years old, died suddenly at his home on the Sunrise pike, late Thursday afternoon. He was a retired farmer. His wife, who was Miss Hannah Mullen, died in 1917. He is survived by two daughters and four sons, Mrs. J. T. Reed and Miss Laura Bell Turner, W. M., Godfrey, Hayes and John Turner. The funeral service and burial was held at the Curry church yard Saturday afternoon. The service was conducted by the Revs. Munsie and Stewart.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

No. 8.—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 justified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1918-12-12
1836-5-7
87225

1918-12-12
1836-5-7
87225

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form No. 8-1-300M 2-29-12

1 PLACE OF DEATH
County Norton
Vol. Pot. Rickland Registration District No.
Inc. Town Primary Registration District No. 6187
City (No. St., ... Ward)

File No.
Registered No. 8
(If death occurred in a hospital or institution, give instead of street number.)

2 FULL NAME Eganiel Turner

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 7th, 1836
(Month) (Day) (Year)

7 AGE 82 yrs. 7 mos. 5 ds. IF LESS than 1 day... hrs. or min?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER Richard Turner

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Better Talley

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hays Turner
(Address) Lynchburg Ky #2

15 Marlin Eaton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec - 12, 1918, to Dec 12, 1918, that I last saw him alive on Dec 12, 1918, and that death occurred on the date stated above at 8:30 a.m. The CAUSE OF DEATH* was as follows:
Apoplexy

..... (Duration) yrs. mos. ds.
Contributory..... (SECONDARY) (Duration) yrs. mos. ds.
(Signed) J. H. Carr, M. D.
Dec 13, 1918. (Address) Lynchburg Ky. #2

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Curry Churchyard DATE OF BURIAL, 191..

20 UNDERTAKER Smith-Rees Co ADDRESS Lynchburg

11-3184

109