

Cynthiana Democrat - January 20, 1938

TURNER -- Francis Merian Turner, 65 years old, died Tuesday night, January 18, 1938, at his home on the Millersburg road following an illness of four weeks. The body was removed to the Whaley funeral home and later taken to the residence where it remains until the funeral services which will be held tomorrow morning at 10 o'clock at the Mission church, with the Rev. Stanley Patterson officiating. Burial in Battle Grove cemetery. Pall bearers will be Paul Ransdell, Taylor M. Turner, Stanley Holland, Snell Ashbrook, Houston Clifford and Thaddeus Whalen. Honorary pall bearers, George Midden, L. C. Taylor, Dr. J. B. Way, W. A. Luckey, John Marshall and Robert Turner, Sr. Mr. Turner was born in this county, August 28, 1873, a son of Mrs. Sarah Ellen Devers and the late Pierce Turner and had spent his entire life in this community. For the past thirty years he had lived in the home where he died, and was regarded as an excellent, progressive farmer and the best of neighbors. A devoted husband and father, living a quiet life, his passing is regretted by the friends who have known him in the many years he had spent among them. Mr. Turner was twice married, his first wife being Miss Amanda Blackburn. His second wife, Mrs. Mary Sudie Baker Turner survives. Besides his mother and his wife, he leaves a daughter and three sons, William Victor Turner, of Bourbon county; Rodney V. Turner, Nicholas county; Martin David and Hazel C. Turner, at home; six sisters, Mrs. Minnie Clifford, Lexington; Mrs. Forrest Ransdell, Greenfield, O.; Mrs. Clarence Whalen, Mrs. Charles Holland, Mrs. Keller Ashbrook, Mrs. Albert Laytart, of this county; two brothers, Harry Scott Turner, of Chicago, and Martin Turner, this county.

Turner, Francis Merian 1873 - 1938

Form V. B. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
County HARRISON
Vot. Pct. ELMARCH
Ins. Town _____
City CYNTHIANA

Registration District No. 670
Primary Registration District No. 2583

2. FULL NAME FRANCIS MERIAN TURNER
(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence, No. R. R. 4, Cynthiana, Ky
(Usual place of abode)
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 white 5. Single, Married, Widowed or Divorced (write the word) married

6. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Mary Sudie Baker

6. DATE OF BIRTH
Years 64 Months 4 Days 20 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE HARRISON COUNTY, KY.

13. NAME Pierce Turner

14. BIRTHPLACE Harrison County, Ky.

15. MAIDEN NAME Sarah Ellen Prows

16. BIRTHPLACE Kentucky

17. INFORMANT Mrs. F. M. Turner
(Address) R. 4, Cynthiana, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Battle Grove Date Jan. 21, 1938

19. UNDERTAKER R. B. WHALEY FUNERAL HOME
(Address) CYNTHIANA, KY.

20. FILED Jan 22, 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 18, 1938
I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1937 to Jan 18, 1938
I last saw him alive on Jan 18, 1938, death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Date of onset Dec 28/37

Contributory causes of importance not related to principal cause:
Arterio-Sclerotic Disease 7/3/36

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) W. H. Moody M.D.
(Address) Cynthiana, Ky

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