

Cynthiana Democrat - August 11, 1938

TURNER—Mrs. Ellen Turner, widow of William M. Turner, died suddenly Saturday night, August 6, 1938, at her home in Avena. She was the daughter of the late Fletcher and Mary Toadvine and is survived by two sisters, Mrs. J. N. Kearns and Miss Sarah J. Toadvine. Mr. Turner died in Jan. 1931. The body was removed to the Smith-Rees Home. Funeral services were held Monday at the Mt. Pleasant Methodist church, of which Mrs. Turner was a member, with the Rev. H. W. Landreth officiating. Burial was in the Mt. Pleasant cemetery. Pall bearers were Clark Toadvine, Rolla, Orville, Melvin, John and Elbert Dunn.

Turner, Laura Ellen Toadvine 1886 - 1938

Form V. B. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH** 19621

1. PLACE OF DEATH  
 County Harrison  
 Vol. No. Adelle  
 Ino. Town \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 670  
 Primary Registration District No. 5585  
 File no. \_\_\_\_\_  
 Registered No. 77

2. FULL NAME Laura Ellen Turner  
 (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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widow</u>			21. DATE OF DEATH <u>Aug 6</u> , 19 <u>38</u>	
6. DATE OF BIRTH _____					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.					I last saw h_____ alive on _____, 19____ death in said to have occurred on the date stated above, at <u>2 P</u> m. The principal cause of death and related causes of importance in order of onset were as follows:	
8. Trade, profession, or particular kind of work done, as optician, Sawyer, bookkeeper, etc. <u>at home</u>					<u>(Found Dead in Garden)</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					<u>cerebral hemorrhage</u>	
10. Date deceased last worked at this occupation (month and year) _____					Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation _____					Date of onset _____	
12. BIRTHPLACE <u>Ky</u>						
13. NAME <u>Fletcher Turner</u>						
14. BIRTHPLACE <u>Ky</u>						
15. MAIDEN NAME <u>Mary E</u>						
16. BIRTHPLACE <u>Ky</u>						
17. INFORMANT <u>Mrs. Chas. Paynter</u> (Address) <u>Covington Ky</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Wk. Pleasant</u> Date <u>Aug 8</u> , 19 <u>38</u>						
19. UNDERTAKER <u>Smith-Cass Co</u> (Address) <u>Cynthiana Ky</u>						
20. FILED _____ 19____ Registrar _____						
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? _____ If so, specify _____ (Signed) <u>David R. Bell</u> (Address) <u>Cynthiana Ky</u>						

NOTES: COMPLETELY. WE EMPLOYERS USE THIS IS A PRELIMINARY COPY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruc. tions on back of certificate.