

Cynthiana Democrat - November 15, 1951

Martin Luther (Pap) Turner

Martin Luther (Pap) Turner, 77, retired farmer and a devout Christian, died at 8 a. m. Wednesday, Nov. 14, 1951, at the home of his daughter and son-in-law, Mr. and Mrs. Henry Henson, Wilson Ave., with whom he had made his home.

Although he had been in declining health for several years, his condition did not become serious until four days before his death.

A native of Harrison County, Mr. Turner was born Sept. 16, 1874, a son of the late H. Pierce and Sarah Ellen Plows Turner, also native of Harrison County.

He was a member of Curry Methodist Church.

Survivors include four other daughters, Mrs. J. L. Clark and Mrs. Albert Nutgrass, both of Cynthiana; Mrs. Walter Simpson and Mrs. Pauline Rice, both of Hamilton, Ohio; four sons, Rev. H. H. Turner, Marion, Ind.; Webster Monroe Turner, Cincinnati; Taylor Martin Turner, Madisonville, Ohio; and John Wolf Turner, Covington; one sister, Mrs. Keller Ashbrook, Harrison County; one brother, Harry P. Turner, Chicago; 29 grandchildren, 22 great-grandchildren and one great-great-grandchild. His wife, Mrs. Iva May Devers Turner, whom he married May 15, 1894, preceded him in death April 21, 1949.

The body is at the Whaley Funeral Home pending final arrangements.

Turner, Martin Luther 1874 - 1951

Form 7. 6-1-4 FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		51 <u>22282</u> State File No. <u>116-</u> Registrar's No. <u>154</u>	
Registration District No. <u>670</u>		Primary Registration District No. <u>2240</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Ky.</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cynthiana, Ky</u>		c. LENGTH OF STAY (in days) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cynthiana, Ky</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wilson Ave</u>		d. STREET ADDRESS (If rural, give location) <u>Wilson Ave</u>			
3. NAME OF DECEASED a. (First) <u>Martin</u> b. (Middle) <u>Luther</u> c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 16 1874</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Ky.</u>	
12. CITIZEN OF <u>USA</u>		13. FATHER'S NAME <u>Pierce Turner</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Ellen Prows</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>11</u>		17. INFORMANT <u>Mrs. Henry Henson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chromocarcinoma</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
2. DUE TO (b) <u>Myocardial infarction</u>		3. DUE TO (c)			
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X-083-17</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8:00 a.</u> , 19 <u>51</u> to <u>8:00 a.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-23-51</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>11-23-51</u>		23b. ADDRESS <u>Cynthiana, Ky.</u>		23c. SIGNATURE <u>[Signature]</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 17 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Battle Grove Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cynthiana, Ky.</u>		25a. DATE REC'D BY LOCAL REG. <u>11-23-51</u>			
25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25c. FUNERAL DIRECTOR <u>[Signature]</u>		25d. ADDRESS <u>Cynthiana, Ky.</u>	
25e. <u>Whaley Funeral Home</u>					