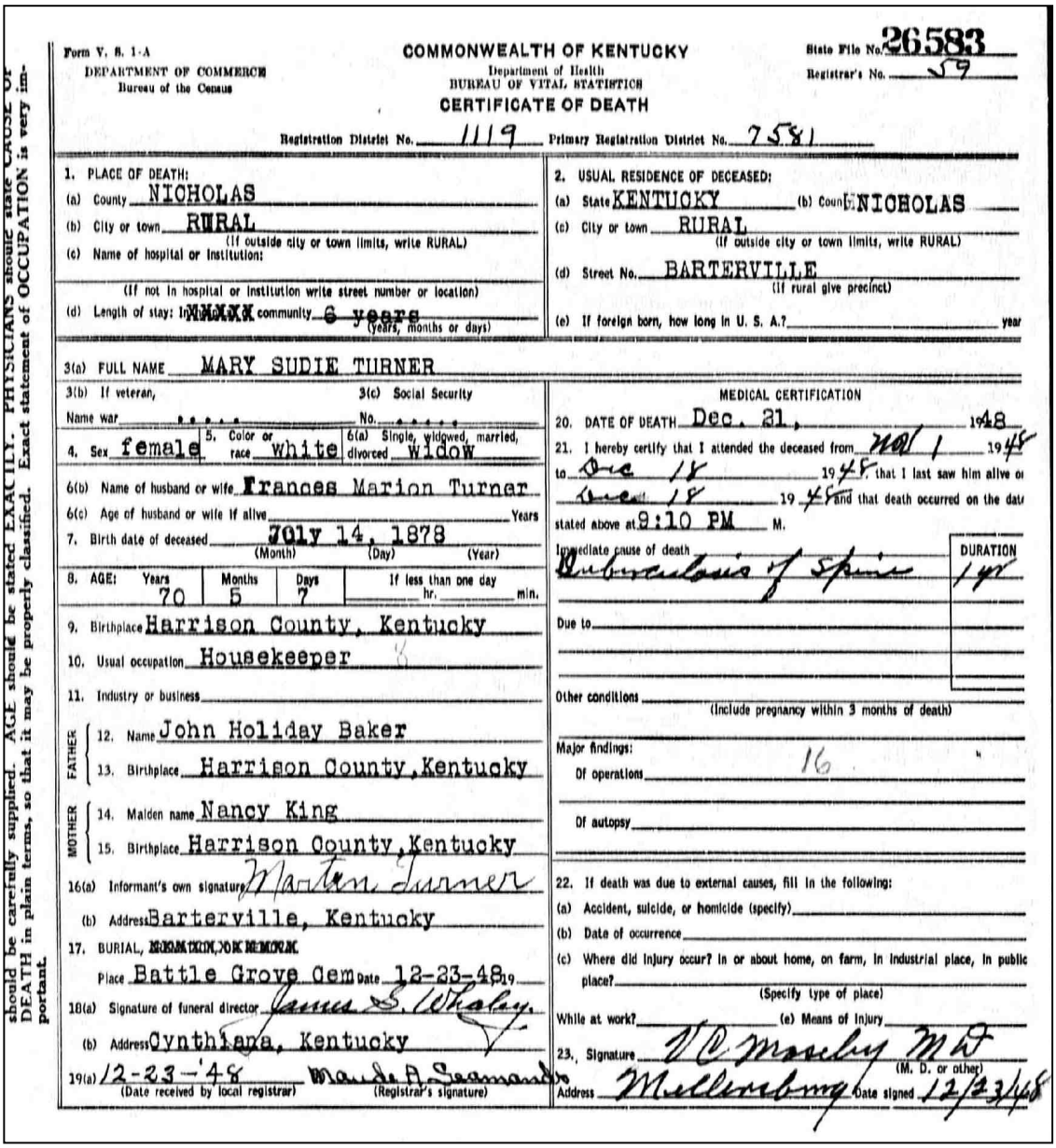

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. 26583
Registrar's No. 59

Registration District No. 1119 Primary Registration District No. 7581

1. PLACE OF DEATH:
(a) County NICHOLAS
(b) City or town RURAL (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: (If not in hospital or institution write street number or location)
(d) Length of stay: In ~~XXXXX~~ community 6 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KENTUCKY (b) County NICHOLAS
(c) City or town RURAL (If outside city or town limits, write RURAL)
(d) Street No. BARTERVILLE (If rural give precinct)
(e) If foreign born, how long in U. S. A.? year

3(a) FULL NAME MARY SUDIE TURNER
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex female 5. Color or race white 6(a) Single, widowed, married, divorced widow
6(b) Name of husband or wife Frances Marion Turner
6(c) Age of husband or wife if alive Years
7. Birth date of deceased July 14, 1878 (Month) (Day) (Year)
8. AGE: Years 70 Months 5 Days 7 If less than one day hr. min.
9. Birthplace Harrison County, Kentucky
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name John Holiday Baker
13. Birthplace Harrison County, Kentucky
MOTHER 14. Maiden name Nancy King
15. Birthplace Harrison County, Kentucky
16(a) Informant's own signature Martin Turner
(b) Address Barterville, Kentucky
17. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Battle Grove Cem Date 12-23-48 19
18(a) Signature of funeral director James E. Whaley
(b) Address Cynthiana, Kentucky
19(a) 12-23-'48 (Date received by local registrar) Maude A. Seamands (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Dec. 21, 1948
21. I hereby certify that I attended the deceased from Nov 1 1948 to Dec 18 1948, that I last saw him alive on Dec 18 1948 and that death occurred on the date stated above at 9:10 PM M.

Immediate cause of death	DURATION
Tuberculosis of Spine	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 16
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. C. Mosely M.D. (M. D. or other)
Address Millersburg Date signed 12/23/48

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.