

Turner, Newton 1865 - 1938

Form V. S. 1-A

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

28987
File No. A 2
Registered No. 123

1. PLACE OF DEATH
County Bourbon
Vol. Pct. _____
Inc. Town _____
City Paris
(No. Massie Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Newton Turner IF VETERAN, WHAT WAR? _____
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH <u>Dec. 29th. 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 27</u> 19 <u>38</u> to <u>Dec 29</u> 19 <u>38</u> I last saw him alive on <u>Dec 27</u> 19 <u>38</u> death is said to have occurred on the date stated above, at <u>7:55 Pm</u> . The principal cause of death and related causes of importance in order of onset were as follows: <u>Sudden death, - cause unknown</u>	
6. DATE OF BIRTH <u>Not Known</u> 18 <u>65</u>				Date of onset _____	
7. AGE Years <u>73</u> Months _____ Days _____ If LESS than 1 day, hrs. or min.				Contributory causes of importance not related to principal cause: <u>Acute Bronchitis</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Laborer</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				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.	
12. BIRTHPLACE <u>Harrison Co. Ky.</u>				Manner of injury _____	
13. NAME <u>Ezekiel Turner</u>				Nature of injury _____	
14. BIRTHPLACE <u>Harrison Co. Ky</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____	
15. MAIDEN NAME <u>Not Known</u>				(Signed) <u>Eugene Hyden</u> M. D.	
16. BIRTHPLACE _____				(Address) <u>Paris Ky.</u>	
17. INFORMANT <u>Arthur Linville</u> (Address) <u>Bourbon Co. Infirmary, Paris, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial Paris Ky.</u> Date <u>Dec. 31</u> 19 <u>38</u>					
19. UNDERTAKER <u>Davis Funeral Home</u> (Address) <u>Paris Ky.</u>					
20. FILED <u>Dec 31</u> 19 <u>38</u> <u>Jessie R. Orr</u> Registrar					

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. See instructions on back of certificate.

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