

Turner, Theodore 1904 - 1928

Cynthiana Democrat – May 10, 1928

TURNER—Theodore R. Turner died at his residence near Mt. Pleasant Saturday, May 5, after a year's illness. He was born in this county April 9, 1904, son of Godfrey and Bessie A. Turner. He married Miss Dessie L. Paynter on Feb. 14, 1925, who survives with a daughter two years old, Reba Riggs Turner. His parents survive and a brother and two sisters, Mrs. William Taylor, of Cynthiana, and Robert Turner and Mrs. Gilbert Henson, of Johnstown, Col. The funeral and burial took place at Mt. Pleasant church Monday, with services by Rev. I. S. Pineur and Rev. Early. See Beaver Valley items.



Form V. S. 1-50m-4-23-27

1 PLACE OF DEATH
 County Harrison
 Vol. 26 Registration District No. 675
 Inc. Town _____ Primary Registration District No. 5598
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theodore B. Turner

(a) Residence. No. _____ St. _____ Ward _____
 (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			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>May 5th</u> , 19 <u>28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>May 3</u> , 19 <u>28</u> , to <u>May 5</u> , 19 <u>28</u> , that I last saw him alive on <u>May 5</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>10</u> m. The CAUSE OF DEATH* was as follows: <u>Meningitis</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nessie L. Turner</u>			18 WHERE WAS DISEASE CONTRACTED (Duration) _____ yrs. mos. <u>7</u> ds. Contributory (Secondary) <u>Disease of Middle Ear</u> (Duration) _____ yrs. mos. <u>7</u> ds.	
6 DATE OF BIRTH <u>April 9</u> , 19 <u>04</u> (Month) (Day) (Year)			19 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>O. T. Sanford</u> , M. D. <u>May 5, 1928</u> (Address) <u>Spokane, Ky</u>	
7 AGE <u>24</u> yrs. _____ mos. <u>26</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			19 PLACE OF BURIAL OR REMOVAL <u>Wm. Pleasant</u> DATE OF BURIAL <u>May 7, 1928</u>	
9 BIRTHPLACE (city or town) <u>Harrison Co</u> (State or country) <u>Kentucky</u>			20 UNDERTAKER <u>Smith-Russ Co</u> ADDRESS <u>Spokane, Ky</u>	
PARENTS	10 NAME OF FATHER <u>Jedrey Turner</u>			
	11 BIRTHPLACE OF FATHER (city or town) <u>Harrison Co</u> (State or country) <u>Kentucky</u>			
	12 MAIDEN NAME OF MOTHER <u>Bessie A. Stearns</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Harrison Co</u> (State or country) <u>Kentucky</u>			
14 (Informant) <u>Jedrey Turner</u> (Address) <u>Spokane, Ky</u>				
15 Filed <u>May 6, 1928</u> <u>Ada M. Carr</u> Registrar				