

Cynthiana Democrat – January 8, 1931

TURNER—William M. Turner, 71 years old, died at 10 o'clock Saturday night, January 3, 1931, at his home at Avena. He was a son of the late Ezekial and Evangeline Turner and was born in this county July 9, 1860. He is survived by his wife, Mrs. Laura Toadvine Turner; one sister, Mrs. Laura Hill, this county; two brothers, John Turner, Cynthiana, and Godfrey Turner, this county. He was a member of the Mt. Pleasant M. E. Church. The funeral was held at 2:30 o'clock Monday afternoon at the Mt. Pleasant church with services by the pastor, the Rev. Charles Mitchell. Burial at Mt. Pleasant. Pall bearers, Joe and Claude Mullén, John, Elbert and Rollie C. Dunn, and Clark Toadvine.



Dr. Chas Swenson 1083

Form V. S. 1-A-57m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
COUNTY Harrison
City Adairville
Incl. Town _____
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

CERTIFICATE OF DEATH

File No. _____
Registered No. 128

Registration District No. 670
Primary Registration District No. 55-85

2 FULL NAME William Monroe 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>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>Dec 29, 1931</u>	22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Paralytic 82</u>
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Laura E. Zedone</u>		6. DATE OF BIRTH (month, day, and year) <u>July 9 1860</u>	7. AGE Years <u>70</u> Months <u>6</u> Days <u>24</u> If LESS than 1 day _____ hrs. or _____ min.	Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Contributory causes of importance not related to principal cause: <u>Cerebral Hemorrhage</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year)				What test confirmed diagnosis? _____ Was there an autopsy? _____	
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 (city or town) _____ (State or country) <u>Harrison Mo</u>				Manner of injury _____	
13. NAME <u>Eyrdiel Turner</u>				Nature of injury _____	
14. BIRTHPLACE (city or town) _____ (State or country) <u>Mo</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Evangelin Piro</u>				(Signed) <u>P. J. Swenson</u> M. D. (Address) <u>South Harrison Mo</u>	
16. BIRTHPLACE (city or town) _____ (State or country) <u>Harrison Mo</u>					
17. INFORMANT <u>Mrs Laura Turner</u> (Address) <u>Adairville Harrison Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Family Burial</u> Date <u>Jan 5, 1931</u>					
19. UNDERTAKER <u>Smith-Hess Co</u> (Address) <u>Adairville Harrison Mo</u>					
20. FILED <u>1-11-31</u> 19 <u>31</u> <u>J. W. Stovel</u> Registry					

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.