

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5052

1 PLACE OF DEATH

County Warrick

File No.

Vet. Pat. # 93Registration District No. 6825-

Registered No.

Inc. Town DrumorePrimary Registration District No. 1090

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City..... (No. St., Ward)

2 FULL NAME Thomas Gramell Turner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Oct 14 1865
(Month) (Day) (Year)7 AGE 70 yrs 3 mos 22 ds.
IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Logan Co

PARENTS

10 NAME OF FATHER E. J. Turner11 BIRTHPLACE OF FATHER (State or country) Vergina12 MAIDEN NAME OF MOTHER Maryde Mansfield13 BIRTHPLACE OF MOTHER (State or country) Logan Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. H. Turner(Address) Hartsburg Ill.15 Filled Feb-5- 1926 Vellie B. Bowley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 5 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from About 2 1/2 months 192....., that I last saw him alive on Feb. 4 1926, and that death occurred on the date stated above at.....m.The CAUSE OF DEATH* was as follows;
Diabetes Insipidus
(Duration) Don't know yrs. mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) H. P. Sutton M. D.
2-5 1926 (Address) Lewisburg

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Drumore Ky Feb 7 1926

20 UNDERTAKER ADDRESS

E. J. Hargrave Lewisburg

Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.

MARRIAGE REGISTERED FOR KENTUCKY