WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19490

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 5173

2. FULL NAME Julian T. Turner

(a) Residence. (Usual place of abode) No. 5828 Cabanne ave St., 5 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lulu T. Turner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 - 1891.

7. AGE: 35 YEARS; MONTHS: 11; DAYS: 2; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chemist

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Carrollton (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: James A. Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Payette (STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Susan Frances Dobbins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Carroll Co. (STATE OR COUNTRY): Missouri

14. INFORMANT: Florence Arnold Turner (Address) 5828 Cabanne ave

15. FILED JUN -3 1927 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Apl. fifth, 1927, to June 2, 1927, that I last saw him alive on June 2, 1927, and that death occurred, on the date stated above, at 2.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

Apoplexy

131

82 A (duration) - yrs. - mos. 4 ds.

CONTRIBUTORY (SECONDARY): Nephritis chr

(duration) 1 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) F. Reder, M.D.

, 19 (Address) University Club Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cem.

DATE OF BURIAL: June 4 1927

20. UNDERTAKER: Alexander and Sons

ADDRESS: 6175 Delmar

Lot 201 – Sec 10

Don Francis Rodin

University Club Bldg