

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.

## 1. PLACE OF DEATH

County.....

Registration District No. ....

791

Township.....

Primary Registration District No. ....

1009

City.....

(No. 713 Rear Carr

File No. ....

22451

Registered No. ....

6647

St. ....

Ward.....

## 2. FULL NAME

(a) Residence. No. 713 Rear Carr

St. ....

25

Ward. ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. 11

mos. ....

ds. ....

How long in U.S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Col

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

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

6/25/1927

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

11

27

## 8. OCCUPATION OF DECEASED

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

nil

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

Sam Turner

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Monroe

(STATE OR COUNTRY)

La

## 12. MAIDEN NAME OF MOTHER

Leola Greer

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Texarkana

(STATE OR COUNTRY)

Tex

## 14.

INFORMANT (Address)

Sam Turner

713 Rear Carr St

## 15.

FILED

May 10 1928

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/22

1928

## 17.

I HEREBY CERTIFY, That I attended deceased from June 21 to June 22, 1928.

that I last saw him alive on June 21, 1928, and that death occurred, on the date stated above, at June 22 - 3:45 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic Aneurysm

## CONTRIBUTORY

(SECONDARY)

Primary Broncho Pneumonia

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

## DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

L. Ordway, M.D.

, 19

(Address) 2105 9th Market.

\*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

## DATE OF BURIAL

Washington Park Cemetery

6/26 1928

## 20. UNDERTAKER

Kum Bros

## ADDRESS

215 S. Jefferson Ave

