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

Do not use this space.

35448

1. PLACE OF DEATH

County: St Louis — Registration District No. 791 — File No.

Township: St Louis — Primary Registration District No. 1003 — Registered No. 10505

City: (No. 4528 Cottage St. Ward)

2. FULL NAME Jennie Turpin

(a) Residence. No. (Usual place of abode) St., 11 Ward. (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

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Turpin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unk 1863

7. AGE: Years 65 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Hickman (STATE OR COUNTRY): Ky.

PARENTS
10. NAME OF FATHER: Wm Huntson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Lucindy Freeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Ky.

14. INFORMANT: Lucil Allen (Address) 810 N. 22 St.

15. FILED OCT 25 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 24th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1928, to Oct 24, 1928, that I last saw her alive on Oct 24, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus and Rectum

48

46 D (duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 46 (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) C V Wilcox, M. D

Oct 25, 1928 (Address) 3255 Ivanhoe ave St Louis Mo

*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: Greenwood — DATE OF BURIAL: 10-28 1928

20. UNDERTAKER: Manuel Undt Co. — ADDRESS: 4059 Finney

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.