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

Do not use this space.

12994

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 6567 Bradley Ave St. ..... Ward)

File No. ..... Registered No. 3548

2. FULL NAME Basil Turner

(a) Residence. No. ..... St., 3 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

3. SEX: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah C. Turner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	2	27	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER Ira Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Margaret Tyler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Penn

14. INFORMANT Mabel Yanskey
(Address) 6567 Bradley Ave

15. FILED ..... 19.. Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 20 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 17, 1929, to Mch 19, 1929, that I last saw him alive on Mch 19, 1929, and that death occurred, on the date stated above, at 4.43 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
93C
11A
107A (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) (La Grippe) Myocarditis Chr
..... (duration) ..... yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical diagnosis

(Signed) Henry S. Broones, M. D

Mch 22, 1929 (Address) Grand & Lafayette

*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: New St Marcus

DATE OF BURIAL: Mch 23 1929

20. UNDERTAKER: Clement Und Co S. Grand Bld

ADDRESS 2217

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

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