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

Do not use this space.

2813

File No. .....

Registered No. 13

1. PLACE OF DEATH

County: St Louis — Registration District No.: 789

Township: Central — Primary Registration District No.: 6033B

City: University City (No. 6324, Etzel ave, St., Ward)

2. FULL NAME: Clarence W. Turner

(a) Residence. No. 6324 Etzel ave St., 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.

FEB 23 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 18 1930

7. AGE: Years 0 — Months 10 — Days 26 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): University City (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Fred C. Turner

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

12. MAIDEN NAME OF MOTHER: Rosella Duncan

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

14. INFORMANT: Fred C. Turner (Address) 6324 Etzel ave

15. FILED 1/15, 1931 — Green Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1931, to Jan 14, 1931, that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 3:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

66079

IBRC

10 Ds (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Bronchitis (duration) 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? Clinical

(Signed) Norman Windsor, M. D.

Jany 15, 1931 (Address) 6131 Etzel 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: Bella Missouri — DATE OF BURIAL: 1-15 1931

20. UNDERTAKER: Kreighauser — ADDRESS: 4104 Manchester

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.

PERMANENT RECORD