

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

Do not use this space.

13841

1. PLACE OF DEATH
 County St. Louis Registration District No. 796
 Township Central Primary Registration District No. 6033
 City Clayton (No. St. Louis Co. Hosp) St. _____ Ward _____

2. FULL NAME James A. Turner, Jr. III
 (a) Residence, No. 7814 Forey Ave St. _____ Ward Clayton Mo.
 (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 M 4. COLOR OR RACE Wh 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) Nov 4, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME Dr. Jas. A. Turner 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 5

15. MAIDEN NAME Belle Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna 2

17. INFORMANT Belle Turner
 (ADDRESS) 7814 Forey Ave Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 4/23 1932

19. UNDERTAKER Louis H. Bopp
 (ADDRESS) Wittwood Mo.

20. FILED Apr. 22, 1932 K. W. Sullivan
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2-1932 to 4-21-1932
 I last saw him alive on 4-21-1932 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Congenital Heart Disease Date of onset 15-1-1913
9-1-1913
 Other contributory causes of importance:
Acute Dilatation of the Heart ①

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) John A. Rogers, M. D.
 (Address) St. Louis Co. Hosp. Clayton, Mo.

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.

MAY 28 1932

