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

Do not use this space.

30497

File No.
Registered No. 8158

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louism (No. 5932, Minerva ave St. ..... Ward)

2. FULL NAME Eva V. Turner

(a) Residence, No. 5932 Minerva St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1903.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	28	8	26 (26)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer 255
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sears Roebuck Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Mo.

FATHER

13. NAME H.F. Turner
14. BIRTHPLACE (CITY OR TOWN) Shelby Co. (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Donna Ralls
16. BIRTHPLACE (CITY OR TOWN) White Co. (STATE OR COUNTRY) Ill.

17. INFORMANT H. F. Turner (ADDRESS) 8335 Mayfair

18. BURIAL, CREMATION, OR REMOVAL: PLACE Valhalla Crematory DATE Sept 9, 1932

19. UNDERTAKER Wm Schumacher (ADDRESS) 4334 Natural Bridge ave

20. FILED SEP -9 1932 Hub C. Harden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8, 1932

22. I ~~HEREBY CERTIFY~~ ~~that I attended~~ deceased from ....., 19....., to all sudden

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Penetrating gunshot wound of skull (self inflicted) at Englewood Station Chicago Ill 8/23/32	
Other contributory causes of importance: (Signed) M. Livingston	
Suicide	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
~~Accident~~, suicide, ~~or homicide~~? ..... Date of injury 8/23, 1932
Where did injury occur? Chicago Ill (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Gunshot wound of skull
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

9/9/32

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2