

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

Do not use this space.

31079

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City Saint Louis (No. En Route City Hospital #2 St. Ward) File No. Registered No. 8876

2. FULL NAME

(a) Residence, No. 1414 3 Fairfax Ave St. 11 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bettie Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1887</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur 101</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Midstrand Motor Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 30 1932</u>	11. Total time (years) spent in this occupation. <u>11-12 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union City Tennessee</u>		
MOTHER FATHER	13. NAME <u>James Turner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
	15. MAIDEN NAME <u>Catharine Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Bettie Turner 1414 3 Fairfax Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem</u> DATE <u>October 5th 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Charles J. Bates 4107 Grand Avenue</u>		
20. FILED <u>Oct - 5 1932</u> <u>Wm C. Starkloff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 30 1932, 19

22. Dr. P. H. ... HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:10 m.

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance: (7)

93C 93C

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 Injury

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

Signed J. W. Kerner M.D. (Address) Dep. Coroner

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

