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

Do not use this space.

41351

File No. .....
Registered No. 407

JAN 26 1934

1. PLACE OF DEATH
County St Louis City Registration District No. 1123
Township Jefferson Barracks Primary Registration District No. 6248B
City ..... No. (No. ....., ... St. ..... Ward)

2. FULL NAME Turner William A. Jr.
(a) Residence. No. 3137 Bell Ce St., St Louis 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)
M	Colored	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	11	30	

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

9. BIRTHPLACE (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Wm Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mattie Slaughter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn
(STATE OR COUNTRY)

14. INFORMANT Rita Turner
(Address) 3137 Bell.

15. FILED JAN 3 1934 B. G. Tate M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 1933

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1933, to 12-30, 1933 that I last saw h. alive on 12-30, 1933, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. pulm. Tuberculosis
active -
23 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) .....
(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? X-ray
(Signed) M M C Gibson, M. D.
12-30, 1933 (Address) Vet. Adm. Facility Jefferson Barracks

*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 Memphis Tenn National Cemetery
DATE OF BURIAL Jan 6 1934
20. UNDERTAKER Snead & Randle
ADDRESS 920 No Leonard

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