

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

Do not use this space.

JAN 23 1936

40902

1. PLACE OF DEATH

County.....St. Louis..... Registration District No. 788
 Township.....Cassdale..... Primary Registration District No. 4471
 City.....Webster Groves, Mo...... 562 So. Rockhill Rd. (St. Ward)

2. FULL NAME

Mona Tureman
 (a) Residence, No. 562 So. Rockhill Rd., St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode) Webster Groves, Mo.
 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 f 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Joseph H. Tureman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
 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) Ewing Indiana

13. NAME Jesse D. Lucas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freetown Indiana

15. MAIDEN NAME Elizabeth Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ewing Indiana

17. INFORMANT (ADDRESS) Elizabeth M. Cory 760 Sherman St. Webster Groves Mo.

18. BURIAL, CREMATION, OR REMOVAL (method) PLACE DATE 1935
Fulton Mo. Jan 3

19. UNDERTAKER (ADDRESS) Parker Land Co Webster Groves Mo.

20. FILED 1-2- 1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/35 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/29/35, 1935, to 12/29/35, 1935. I last saw him alive on 12/29/35, 1935. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Felo De Ce. By strangulation, taking clothes-line rope, fastening to joist in basement putting loop-not around neck, stepping off of box, causing
 Other contributory causes of importance: rope to tighten and hung there until strangled to death.

Name of operation OVER Date of 12/29/35
 What test confirmed diagnosis? Dr. J. H. Jones's view 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 12/29/35, 1935
 Where did injury occur? at home (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? If so, specify 12/29/35

(Signed) Jules R. Yore, M. D.
 (Address) 3718 Jennings St. St. Louis, Mo.

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.

WHILE PRINTING WITH OMPADING INK—THIS IS A PERMANENT RECORD

Was found 15 or 20 hours after being missed,
hanging in this position in the basement of
her home where she lived alone.

Has been mentally considered incompetent,
as she has been in an institution on two
different occasions.

Was found by the Webster Groves police.