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.

MAR 12 1936

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

Do not use this space.

7822

File No. 1488

Registered No.

Registration District No. 791

Primary Registration District No. 1003

City Hospital No. 2

1. PLACE OF DEATH

County

Township

City St. Louis Mo. No. St. Ward)

2. FULL NAME Kitty Turner

(a) Residence, No. 3321 - Hickory Ward. 18 (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1881

7. AGE: Years 54 | Months 10 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) St. Louis Mo.

FATHER

13. NAME William Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Kitty Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Cathy Turner 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE Feb. 10, 1936

19. UNDERTAKER (ADDRESS) W. C. Gordon Und. Co. 2649-51 Jefferson Blvd.

20. FILED FEB 10 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 13 - 1936, to 2 - 7 - 1936

I last saw her alive on 2 - 7 - 1936 Death is said to have occurred on the date stated above, at 3:55 A.

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

	Date of onset
Pulmonary Tuberculosis	1-13-36

Other contributory causes of importance: 2.3

Name of operation Date of

What test confirmed diagnosis? Clinical 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 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?

If so, specify

(Signed) James B. Harris, M. D.

(Address) City Hospital #2

2945 - Lawton Blvd