

JUL 27 1936

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

Do not use this space.

24156

1. PLACE OF DEATH

Country St. Louis  
Township St. Joseph  
City St. Louis

Registration District No. 790  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. 222  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME TURNER, Dorothy

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1911  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 1 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tail  
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) MO

13. NAME EDWARD TURNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. CHARLES MO.

15. MAIDEN NAME JULIA ST. PAULIES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

17. INFORMANT SOUTH WINDOCH, M.O. (ADDRESS) 21 STANZA Edw Turner

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 4/19 1936

19. UNDERTAKER Boyd Bros Funeral Home (ADDRESS) 215 W. Lindbergh Ave

20. FILED 6/17 1936 D. A. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13, 1936  
22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1936, to 6/13, 1936  
I last saw her alive on 6/13, 1936 Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Pneumonia, lobes (rt. base) 3 lobes?

Other contributory causes of importance: Valvular heart disease

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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_

(Signed) Joseph P. Tings, M. D.  
(Address) St. Louis Co. Hosp.

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

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.

