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

OCT 21 1936

Do not use this space.

File No. 35502
Registered No. 355

1. PLACE OF DEATH
County St Louis Registration District No. 790
Township Clayton Central Primary Registration District No. 6033a
City Clayton (No. St Louis Co Hosp St. Ward)

2. FULL NAME Alta B. Turner
(a) Residence, No. 1030 Sutter ave 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10-1891

7. AGE: Years 45 | Months 4 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 7/10/36
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kewanee Ill

FATHER
13. NAME Wm. Paxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Geo. H. Turner
(ADDRESS) 1030 Sutter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Lebanon DATE 9-15-1936

19. UNDERTAKER Baumann Bros Inc
(ADDRESS) Overland Mo

20. FILED Sept 14, 1936 Dr A J Signordi
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1936

22. I 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 4:57 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Beachwood creosote poisoning. Drank above from bottle, at 7:30 p.m. 9/10/36. Was taken to County Hospital and died 9/13/36 4:57 AM from the effects of above named

Other contributory causes of importance:
poisoning. Pt. states she was having severe abdominal pains, has been ill for four years, and when

Name of operation ....over.... Date of .....
What test confirmed diagnosis? Coroner'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 ....., 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) Luke J. Hammond M. D.
(Address) 2178 Jennings Rd.
Saint Louis Mo 9/14/36

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

MARGIN RESERVED FOR BINDING

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.

NO. 2
20M-2-19-36
1' X7294

she got up to ~~go~~ go to medicine cabinet, took the bottle which contained creosote by mistake, and became unconscious from effects of same in short while, and gained consciousness at the County hospital for some time before death.