

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

FEB 8 1937

Registration District No.

**791
1003**

Primary Registration District No.

(No. **ENROUTE TO HOSPITAL**)

3431

File No.....
Registered No. **463**
St. Ward)

2. FULL NAME WILLIAM TURNER

(a) Residence, No. 1719 N. GLEAGOW Ward. 20
(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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 69 ✓ ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as Common Day sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER 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.

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ 21

MOTHER 15. MAIDEN NAME unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. 21

17. INFORMANT ELEANOR LONG (ADDRESS) 1719 N. GLEAGOW

18. BURIAL, CREMATION, OR REMOVAL PLACE FATHER DICKSON DATE 1-13-36

19. UNDERTAKER EMMETT TONEY CO (ADDRESS) 3456 LAWTON AVE

20. FILED JAN 12 1937 J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1937

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 7:29 P.M.

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

Acute Coronary Thrombosis
12/1

Other contributory causes of importance:
Longstanding Diffuse Atherosclerosis, Chronic Parenchymatous Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 Joseph M. Toney, Mo. (Signed) Deputy Coroner (Address)

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.

