

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... City Hospital No. **21003**
 City **St. Louis, Mo.** (No. **21003**) St. **2771** (Ward)

2. FULL NAME **Will Turner**

(a) Residence, No. **3843a Finney** St. **11** Ward. **1**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **16** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15, 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
50 9 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer--WPA**
 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 **30 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

13. NAME **John Turner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

15. MAIDEN NAME **Isabella Grove**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Ruby Perdeau**
 (ADDRESS) **2945 Lawton Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** **March 13th 1937**

19. UNDERTAKER **ADAMS UNDERTAKING CO.**
 (ADDRESS) **384 E. Windsor Pl.**

20. FILED **MAR 11 1937** **J. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 5, 1937** to **March 8, 1937**

I last saw him alive on **March 8, 1937** Death is said to have occurred on the date stated above, at **9 P.M.**

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

LOBAR PNEUMONIA

Date of onset **3-5-37**

Other contributory causes of importance:

NONE

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?.....

If so, specify.....

(Signed) **J. Owen Blacher**, M. D.

(Address) **2945 Lawton Avenue**

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.

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WRITE PLAINLY WITH OUTLINES

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