

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
Peoples Hospital

22556

File No.
Registered No. 6308
St. Ward)

2. FULL NAME Eddie Turner

(a) Residence, No. 1413 Webster St., 27 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
at 53 - - -

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

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

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) Miss

13. NAME Richard Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Ada Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT Grace Baker
(ADDRESS) 2656 Thomas St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 6/29/37

19. UNDERTAKER (ADDRESS) 2707 Broadway

20. FILE JUN 29 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-24-1936, to 6-21-1937

I last saw him alive on 6-21-1937. Death is said to have occurred on the date stated above, at 10:55 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Left Hemiplegia, caused by cerebral hemorrhage

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Edgar B. Woodson, M. D.
(Address) 3447 Pine St.

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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