

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

Do not use this space.

3671

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 4442a Enright av.) St. _____ Ward _____

2. FULL NAME

Lavinia Turner
 (a) Residence. No. 4442a Enright St., 19 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt. 57
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky.
 10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Clara Eaton
 (Address) 4442a Enright

15. FILED AN - 7, 1929 Wm. C. Stanley
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1929
 17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1929, to Jan 4 1929
 that I last saw her alive on Jan 4 1929, and that death occurred, on the date stated above, at 12:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Pneumonia
186A
109A

(duration) yrs. mos. ds. Full down steps
 CONTRIBUTORY (SECONDARY) at home Accidental

18. WHERE WAS DISEASE CONTRACTED at home
 (IF NOT AT PLACE OF DEATH) _____
 DID AN OPERATION PRECEDE DEATH? no DATE 1/1/29
 WAS THERE AN AUTOPSY? _____

WIDGEST CONFIRMED DIAGNOSIS Pneumonia
 (Signed) W. H. Harrison, M. D.
 , 19 (Address) 4268 W. Tinney

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cem. DATE OF BURIAL Jan 8, 1929

20. UNDERTAKER J. H. Harrison ADDRESS 2936 Lawton

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.

239
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