

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

Do not use this space.

41297

File No. 11971  
Registered No. St. Ward

**1. PLACE OF DEATH**

County..... Registration District No. **781**  
Township..... Primary Registration District No. **1033**  
City..... **St. Louis.** (No. **3850 Louisiana Ave.**)

**2. FULL NAME** Nelson Turcotte.

(a) Residence. No. **3850 Louisiana Ave.** St. **16** Ward. (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed.**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 25, 1840.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	90	8	28.	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work..... **Machinist.**  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... **Cahokia,**  
(STATE OR COUNTRY)..... **Ills.**

10. NAME OF FATHER **Joseph Turcotte.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **France.**  
(STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER **Adeline Trombley.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Ills.**  
(STATE OR COUNTRY).....

14. INFORMANT..... **Mrs J. Wotmann**  
(Address) **3850 Louisiana Ave.**

15. FILED **DEC 23 1930** **W. C. Starkey** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **December 23 1930**

17. I HEREBY CERTIFY, That I attended deceased from **December 5, 1930** to **December 27, 1930** that I last saw **him** alive on **December 27, 1930**, and that death occurred, on the date stated above, at **2:00 a. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Bronchitis acute non tubercular**  
**92 R**  
**1066** (duration) **18** yrs. **18** mos. **18** ds.

CONTRIBUTORY (SECONDARY) **Pneumonia Chronic**  
(duration) **2** yrs. **-** mos. **-** ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **W. C. Starkey**, M. D.

**12/23, 1930** (Address) **2817 Chippewa**

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 **East St. Louis Ills.** DATE OF BURIAL **Dec. 27, 1930**

20. UNDERTAKER **K. E. G. L. U. Co.** ADDRESS **2812 Meramec.**

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.

