

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

Do not use this space.

2476

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Sanitarium) St. _____ Ward _____

File No. _____
Registered No. 144

2. FULL NAME

William R. Turner
(a) Residence, No. 5400 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 5 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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 58

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant 189
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sanitarium
10. Date deceased last worked at this occupation (month and year) Dec 1931 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME William R. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute Ind.

15. MAIDEN NAME Mrs. Margaret Bowling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

17. INFORMANT Bernard T. Koon (ADDRESS) 5300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Cemetery DATE Aug 7 1932

19. UNDERTAKER H. M. Schramm (ADDRESS) 4834 Normal

20. FILED 1932 19 Max C. Stark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1931, to January 4, 1932
I last saw him alive on January 4, 1932 Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Lobar Pneumonia (Left lower) Date of onset 12/29/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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 D

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Bernard T. Koon, M. D.
(Address) 5300 Arsenal St.

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.

