

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 305 Wellington Ave)

Registration District No. 788
Primary Registration District No. 4471

File No. 14110
Registered No. 42
St. _____ Ward _____

2. FULL NAME

Lenora Summer
(a) Residence, No. 305 Wellington Ave Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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 Cauc 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 3 12

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. house maid
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Bluff Ark

13. NAME Colonel Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ariz.

15. MAIDEN NAME Sallie Bonds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

17. INFORMANT Ernestine Jackson (ADDRESS) 305 Wellington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE father's grave DATE 4-17-34

19. UNDERTAKER J. C. Lewis (ADDRESS) Webster Groves

20. FILED 4-16-34 Julius R. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-34 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-11-34, 1934, to 4-13-34, 1934

I last saw him alive on 4-13-34, 1934. Death is said to have occurred on the date stated above, at 2 P.M.

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

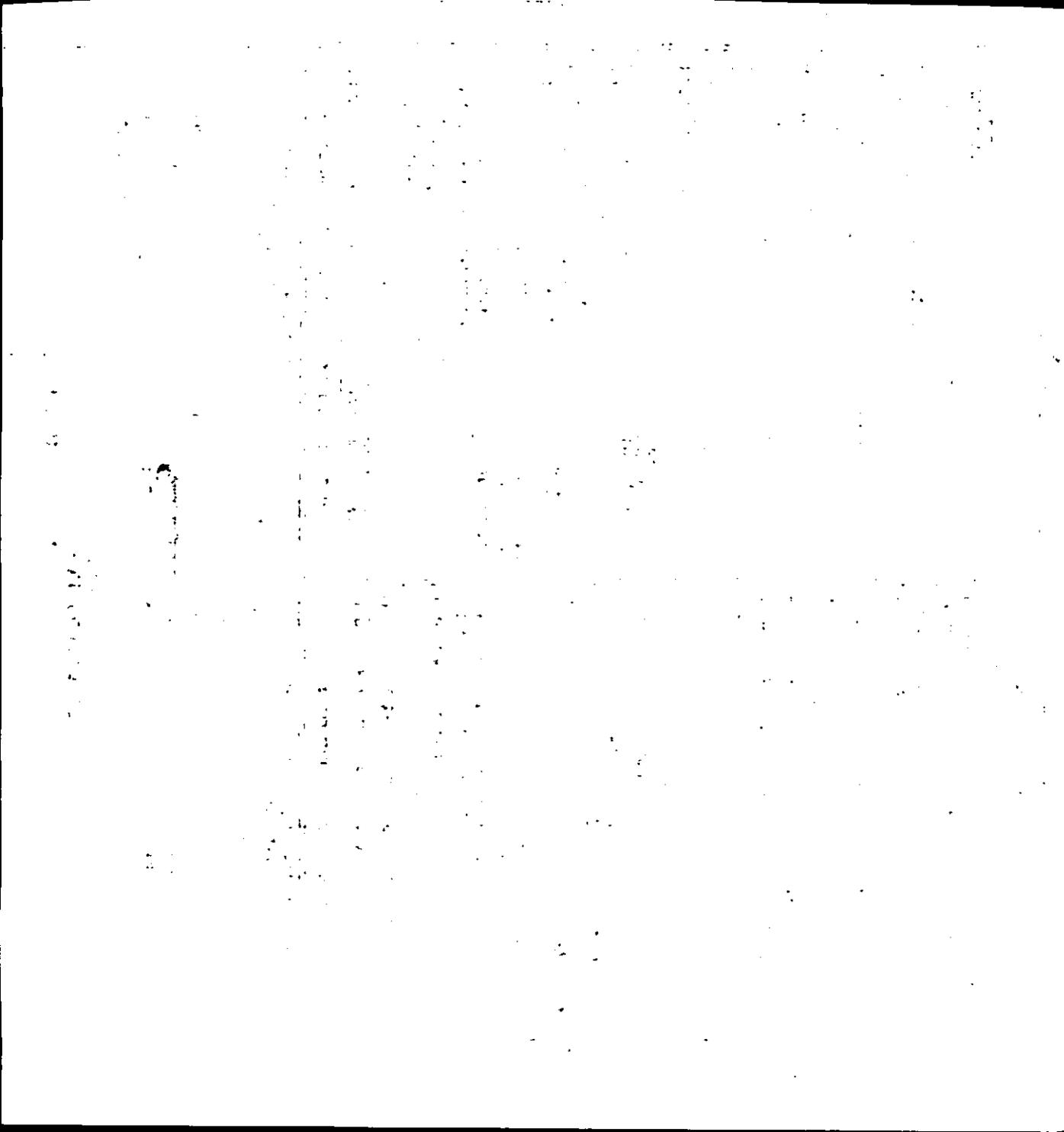
Shanghaied
11/10/33
10/4/33
Other contributory causes of importance: Peritonitis Abscess

Name of operation 3 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 _____, 1934
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, home, or in public place. _____

Manner of injury 22
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. C. Roy Reynolds M. D.
(Address) 213 E. 8th St. St. Louis, Mo.



MO 227

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township
City Webster Groves (No., St. Ward)

Registration District No. 788
Primary Registration District No. 4471

File No.
Registered No. 42

2. FULL NAME

Lenora Turner

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)

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

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

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

OCCUPATION
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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-16-34 Julius R. York Registrar
6-22-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19..... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

stress regulation
11502
Other contributory causes of importance:
Heart and other organs from abscess in throat.

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), M. D. (Address)

SUPPLEMENTARY

S-14110