NOV 15 1937

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

Do not use this space.

35888

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. ....., City Sanitarium ..... St. ..... Ward)

File No. .....

Registered No. 9465

2. FULL NAME Clem Turner

(a) Residence, No. 1017 Leffingwell St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 3, 1909

7. AGE: Years 27 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Oct. 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pine Bluff, Arkansas

FATHER

13. NAME: Isaac Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Arkansas

MOTHER

15. MAIDEN NAME: Martha Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Arkansas

17. INFORMANT (ADDRESS): Herbert P Smith, 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE FATHER DICKSON DATE OCT. 11, 1937

19. UNDERTAKER (ADDRESS): ELMER E. PETTIS, 3036 BELL AVE.

20. FILED OCT 11 1937 J. F. Biedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1933, 19..., to 10-4-37, 19...

I last saw him alive on 10-4-37, 19... Death is said to have occurred on the date stated above, at 7:30 A.M.

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

	Date of onset
General Paresis 1933 x	
Luetis	

Other contributory causes of importance: 83

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert P Smith M. D.

(Address) .....

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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