

UESD MAY 10 1938

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

12770
Do not use this space.
3374

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....
(d) Street No. **At City Hospital #2.**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **2214 1/2 Franklin Ave** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernice Johnson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1907		
7. AGE 31	MONTHS	DAYS 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABOR		
9. Industry or business in which work was done, as 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) Memphis TENN.		
13. NAME William Henry Turner		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) MISS.		
15. MAIDEN NAME Mabel Robinson		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Memphis TENN.		
17. INFORMANT (ADDRESS) Alex Robinson 202 N. Jefferson		
18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn. 4/11/38		
19. FUNERAL DIRECTOR (ADDRESS) Love Undertaking Co. 3103 Washington Blvd.		
20. FILED APR 11 1938 J. O. Bredbeck Local Registrar		

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/7/38** 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **5:20 A.M.**

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction due to Post Operative adhesions. Time and Type of Operation Unknown.

Other contributory causes of importance: **None**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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? **No.**
If so, specify **None**
(Signed) **W. H. Perry** M.D.
(Address) **Highway Coroner**

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.

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