

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

Do not use this space.

36887

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Osage Primary Registration District No. 1002  
 City Dumas City (No. K.C. General Hosp)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 21112  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 1313 Tracy St. 2 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 5

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None 89th St  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Floyd Turner

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

12. MAIDEN NAME OF MOTHER Mrs. Nash

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

14. INFORMANT Reva Clark  
 (Address) K.C. General Hosp.

15. FILED 17/3 27 M. M. Brown  
 REGISTRAR Assy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-30 1927 to 12-12 1927  
 that I last saw her alive on 12-12 1927 and that death occurred, on the date stated above, at 10:35 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Otitis media with Septicemia

CONTRIBUTORY (SECONDARY) 86 W  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find + Autopsy  
 (Signed) George C. Bee M. D.  
12-12, 1927 (Address) General Hosp. K.C. Mo

\*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 Forest Hill Cem DATE OF BURIAL Dec-14 1927

20. UNDERTAKER A. P. Dochler ADDRESS 1415 E 15

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.

