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

Do not use this space.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 808 Newton St. Ward)
Registration District No.: [illegible]
Primary Registration District No.: [illegible]
File No. 27376
Registered No. 5452

2. FULL NAME: Mrs. Jessie A. Turner
(a) Residence. No. 808 Newton St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 9, 1865

7. AGE: Years 62 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Phillip Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Canada
12. MAIDEN NAME OF MOTHER: Miss Baldwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

14. INFORMANT: Garland D. Turner
(Address) 224 W. 81st Terrace

15. FILED 8-16, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug. 5, 1928, that I last saw her alive on Aug. 5, 1928, and that death occurred, on the date stated above, at 11:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of uterus
46 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? don't know
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. M. Frankenberger, M. D
Aug 16, 1928 (Address) 824 Rialto Bldg.

*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: Gillette, Wyo.
DATE OF BURIAL: Ship 8/16 1928

20. UNDERTAKER: D. H. Newcomer's Sons K.C.M.
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

St Josephs Norfolk