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.

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

Do not use this space.

16208

File No.

Registered No. 2001

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 4418 Penn St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Nelson Turner
(a) Residence, No. 4418 Penn St., 7 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29, 1858

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	5	17	

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.: Retired
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): Sweden

FATHER
13. NAME: Mons Tufveson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Mrs. Clara Turner, 4418 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 5-18-32, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc. K.C. Mo.

20. FILED 5/17, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 16, 1932
I last saw him alive on May 16, 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia acuta	
93C	
7/A	

Other contributory causes of importance: Myocarditis, Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) B. T. Thorp, M. D.
(Address) 636 Angelica Second