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.

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

Do not use this space.

29372

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 3546

City: Kansas City Mo. (No. General Hospital #2 St. Ward)

2. FULL NAME: Turner Pearline Hazel

(a) Residence, No. 3613 Harlestey St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 15th 1900

7. AGE: Years 31 — Months 10 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 233

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): Kansas City Mo.

FATHER

13. NAME: Anthony Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Jennie Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westlawn DATE: 9-19, 1932

19. UNDERTAKER (ADDRESS): Nathan W. Hatchett 15-20 N. 5th St.

20. FILED: 9/19, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1932, to 9-13, 1932

I last saw h. alive on 9-13, 1932. Death is said to have occurred on the date stated above, at 10:50 P.m.

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

	Date of onset
5A.	
5B. Subacute nephritis	
5C. Acute bronchitis (1)	9/8/32
Other contributory causes of importance: 1000	
Uremia	9/11/32
Cerebral edema	9/12/32

Name of operation: 0 Date of: 0

What test confirmed diagnosis? B.P. Urine Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19....

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: 0

Nature of injury: 0

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify: 0

(Signed) O. M. Miller, M. D.

(Address) Kansas City Mo 102