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

Do not use this space.

35990

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No.
City Kansas City (No. 4016 Virginia St. Ward) — Registered No. 45[illegible]

2. FULL NAME John W Turgeon
(a) Residence, No. 4016 Virginia St., 15 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 Jodie Turgeon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1865

7. AGE — YEARS: 67 — MONTHS: 9 — DAYS: 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Florist
9. Industry or business in which work was done, as silk mill, 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) Kansas City, Mo. 1

FATHER
13. NAME Louis Turgeon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 5 8

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

17. INFORMANT (ADDRESS) Cyril V Turgeon 22 West 74th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 11/30 1932

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main

20. FILED Nov 29 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Nov 29, 1932
I last saw him alive on Nov 28, 1932 Death is said to have occurred on the date stated above, at 4.40A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930
93C	
106A	

Other contributory causes of importance: Acute bronchitis Nov 20-32

Name of operation 93C Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) E. W. Slusher, M. D.
(Address) 806 Rialto Bldg

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

MARGIN RESERVED FOR BINDING

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.

V. 5 NO. 2

425 Grandview Ave