

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

Do not use this space.

13502

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Blue Springs Primary Registration District No. 1003 File No. \_\_\_\_\_  
 City Kansas City, Mo. (No. Kansas City) J.B. Hospital Registered No. 1838  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William R. Turner

(a) Residence, No. 1618 East 24th St., \_\_\_\_\_ 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 Negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1896  
 AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 36 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur  
 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) Monroe La.

MOTHER FATHER 13. NAME Emanuel Turner (P)  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER 15. MAIDEN NAME Lydia Russell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Kansas City, J.B. Hospital

18. BURIAL, CREMATION OR REMOVAL PLACE Highland Cemetery DATE 4-27 1933

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

20. FILED 4/26 1933 M. W. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1933 to April 24, 1933  
 I last saw him alive on April 24, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 16 years  
arterio-sclerosis 23 A  
4 V A  
 Other contributory causes of importance: None

Name of physician A. H. ... Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. ...  
 (Address) Kansas City, Mo.

