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

Do not use this space.

1022

File No.

Registered No. 34

FEB 27 1934

1. PLACE OF DEATH

County Jackson Registration District No. 398

Township Blue Primary Registration District No. 5554

City Fairland Heights (No. 9904 Turner Road St. Ward)

2. FULL NAME Susan Turner Alexander

(a) Residence, No. 9904 Turner Road Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 15 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1852. March 15

7. AGE 82 Years Months 0.8 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. Helper in home

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) Saint Louis Mo

FATHER

13. NAME Edwin H. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

MOTHER

15. MAIDEN NAME Clementine Diller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettibury Md

17. INFORMANT Mrs J P Kanoky Sister
(ADDRESS) 9904 Turner Road

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE Elmwood DATE Jan. 25 1934

19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence, Mo

20. FILED 1-25 1934 D. F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from January 15th 1934, to January 23 — 1934
I last saw her alive on January 23. 8 AM 1934. Death is said to have occurred on the date stated above, at 11.40 AM
The principal cause of death and related causes of importance were as follows:

Motor Paralysis involving all of right side including Bleeo Larin cal, Esophageal Nerves Palsy follows by partialy Secondary Remorkes & paralysis of nerve respiration

Date of onset 1-15-34

Other contributory causes of importance:

82 8 28 1933

Name of operation 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) J. P. Kanoky M.D.
(Address) Res 9904 Turner Road
Office 832 Rialto Bldg

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

MARGIN RESERVED FOR BINDING

U. S. No. 2