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.

1937

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

Do not use this space.

44950

1. PLACE OF DEATH

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

Township Jackson — Primary Registration District No. 1002 — Registered No. 55 [illegible]

City K.C. MO. (No. Gen. Hosp # 2 St. Ward)

2. FULL NAME Robert Turner

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
Unknown About 45	Years		

OCCUPATION

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

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) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) L.P.Richardson 1832 Vine St

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 11-23-36, 19

19. UNDERTAKER (ADDRESS) H.B.Moore 1820 East 18th St

20. FILED Dec 23, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12- 9th -36, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19 to , 19

I last saw h alive on 1000, 19 Death is said to have occurred on the date stated above at 1000 a.m.

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

Gunshot wounds of Chest and of domen

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of yes

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 12/9/36

Where did injury occur? Indg Fire & Wrist [illegible] (Specify city or town, county, and State)

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

Manner of injury Shot with shortgun

Nature of injury

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

If so, specify

(Signed) [signature], M. D.

(Address) [signature]