SEP 21 1937

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

Do not use this space.

29817

File No.

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 2301 E. 38th Street) Registration District No. 399 Primary Registration District No. 1002 St. Ward)

2. FULL NAME Albert Turney
(a) Residence, No. 2301 E. 38th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Daisy D. Turney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	73	3	8	

OCCUPATION

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

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) Millsford, Penna.

FATHER

13. NAME Robert Turney

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

MOTHER

15. MAIDEN NAME Ammie Hill

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

17. INFORMANT Mrs. Daisy D. Turney
(ADDRESS) 2301 E. 38th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug. 20 1937

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Aug. 19 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to Aug 17, 1937
I last saw h.im alive on Aug 16, 1937. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema -	
133a	

Other contributory causes of importance:
Pachy-Meningitis and Ascending Pyelo-Nephritis - Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. Beattie, M. D.
(Address) 1202 Waldheim Bldg Kansas City Mo.

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.