

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship BlueCity Kansas CityRegistration District No. 398Primary Registration District No. 5554(No. 437 Blue Ridge)File No. 30872Registered No. 270

St. _____ Ward _____

2. FULL NAME

Carrie Turner(a) Residence, No. 437 Blue Ridge

(Usual place of abode)

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX
Female4. COLOR OR RACE
White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJasper Turner

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

Oct-4-1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.30 58109

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House work9. 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)Missouri

MOTHER FATHER

13. NAME Jim Matney14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)Joe Turner

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1937

near Blue Ridge19. UNDERTAKER Rose & Henderson

(ADDRESS)

15 Jackson

20. FILED

8-16-37 F. L. Cook

Registrar.

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

Aug. 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

8/12, 1937 to8/13, 1937I last saw him alive on 8/12, 1937. Death is saidto have occurred on the date stated above, at 8 a m.

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

C coronary thrombosis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? clinical 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) Dr. G. L. ...

, M. D.

(Address) 10307 Dupont Ave. Kansas

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.

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1988-10-4
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