

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 401 East 36th) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. 36891

Registered No. 1320

2. FULL NAME

Laura E. Turner  
(a) Residence, No. 3646 Harrison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1860

7. AGE YEARS 77 MONTHS 6 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At 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) Missouri

13. NAME David Allen Creason

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

15. MAIDEN NAME Eliza Munro

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

17. INFORMANT James E. Turner (Son)  
(ADDRESS) 3646 Harrison St., Kansas Cy., Mo

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cem.  
PLACE Kansas City, Mo. DATE Octo. 28, 1937

19. UNDERTAKER Stine & McClure  
(ADDRESS) 3235 Gillham Plaza

20. FILED Oct 26 37 M M Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 - 1937 to Oct 25 - 1937

I last saw her alive on Oct 25 - 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. 6:08

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

Chronic Myocarditis and Arteriosclerosis

Date of onset Don't know

93c

Other contributory causes of importance:

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 C. S. Merriman, M. D.

(Address) 824 Realto 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.

W. 3/15/44