

REC'D JUL 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City K.C.

Registration District No. 399Primary Registration District No. St. Joseph Hosp. 100File No. 20995Registered No. 2445St. 2445 Ward2. FULL NAME Phillip Turner(a) Residence, No. 2712 E 26th

(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

3. SEX Male4. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

42

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) K.C. Mo

FATHER

13. NAME Mavis Turner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER

15. MAIDEN NAME Ruth House16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Mavis Turner(ADDRESS) 2712 E 26th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge Cem.DATE 6/1719. UNDERTAKER N. Fierman & Sons(ADDRESS) 2738 Prospect20. FILED 6-17

1938

M. M. Crow, asst

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 193822. I HEREBY CERTIFY, that I attended deceased from June 4, 1938, to June 16, 1938I last saw him alive on June 16, 1938 Death is said to have occurred on the date stated above, at 7 P. M.

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

Pneumonia (Broncho) Prim

Date of onset

Other contributory causes of importance: Convulsions

Name of operation

Date of

What test confirmed diagnosis? Ph. Sp. Ex. Was there an autopsy? No

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? Yes

If so, specify

(Signed) J. H. ...

M. D.

(Address) 1124 Prof Bldg

WRITE PLAIN, WITH CAPITAL LETTERS

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.

FORM 1-24-38

1403
1251
182

216288