

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

Do not use this space.

21641  
2781

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3629 Genesee) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Mrs. Stella Mabel Turrentine  
 (a) Residence. No. 1914 West 44th St. 13 Ward. Kansas City Kans.  
 (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 9 5

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Slater Mo.  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER August Zahl  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Theresa Deibel  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

14. Husband Lynn Turrentine  
 INFORMANT (Address) 1914 West 44th

15. FILED 6/24 1929 M. M. Crowe  
 asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22nd 1929  
 17. I HEREBY CERTIFY, That I attended deceased from June 1 1929, to June 22 1929, that I last saw her alive on June 22 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Causes of Return  
 (duration) 1 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE DISEASE CONTRACTED 45  
 IN \_\_\_\_\_ AT PLACE OF DEATH.  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 10-19  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Operative findings  
 (Signed) Washburn M. D.  
6/24 1929 (Address) 718 Jackson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem. DATE OF BURIAL June 25 1929

20. UNDERTAKER H.W. Gates ADDRESS K.C.K.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

