

**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. 388

File No. 16473

Township Kansas City

Primary Registration District No. 1003

Registered No. 1950

City Kansas City (No. St. Marys Hosp.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 31 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>2</u>	<u>4</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1946

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop, Mo.

13. NAME Riley Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop, Mo.

15. MAIDEN NAME Battle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lathrop, Mo.

17. INFORMANT (ADDRESS) Riley Turner Lathrop, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lathrop, Mo. DATE 5/7 1933

19. UNDERTAKER (ADDRESS) W. M. P. Co. Lathrop, Mo.

20. FILED May 5 1933 W. M. P. Co. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-29 - 1933 to 5-5 1933

I last saw her alive on 5-5 1933. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Ch. Meningeal Symptom  
Adenitis cerebri  
Abscess, non tuberculous  
Acute peritonitis  
Appendicitis  
1946

Other contributory causes of importance: \_\_\_\_\_

Name of operation Appendectomy Date of 5-7-33

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury 3 1932

Where did injury occur? do not know (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury auto trauma

Nature of injury do not know

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. M. P. Co., M. D.

(Address) 1222 West 10th St.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Truman City Primary Registration District No. 109/2  
 City Truman City (No. 11 Managers ref.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1959

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Lathrop Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 5, 19 33

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1914

I last saw h..... alive on \_\_\_\_\_, 19..... Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>18</u>	<u>2</u>	<u>4</u>	

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 5 1933 M. M. Crowe Registrar.

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)....., M. D.  
 (Address).....

**SUPPLEMENTARY**

5-16473