BURDON				and the second s
55250	Oklahoma State Board of Health 3 3 3 000			
nery	BUREAU OF VITAL STATISTICS			
	1 PLACE OF D		A CITY, OKLAHOMA	Registered No. 26,098
0klaho	ma(No.	1021 East 10th	/ St., 228	Ward) (If death occured in a hospital or institution give its NAME
2 FULL NA	ME Lirs. E	lizabeth Turner		instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
	COLOR OR RACE	Single Married Widowedid OWED Or Divorced	16 DATE OF DEATH Decen (Month)	ber 20th 1928
genale white (WRITE the word)			17 / I HERBY CERTIFY, That I attended deceased from	
May 10th h839 (Month) (Day) (Year)			Devral years, to Dec 20 : 1928	
If Less than 1 day			that I last saw I alive on the work of the saw in the s	
9 yrs. 7 mos. 10 ds. or minutes			and that death occurred on the date stated above at	
CUPATION Trade, profession or			The CAUSE OF DEATH* was as follows:	
General nature of industry,				
iness, or establishment in the employed (or employer)				
THPLACE			L (Duration) yrs. mos. ds.	
li souri			Contributory Jesulut	
FATHER			(Secondary) (Duration) vrs. mos. ds.	
11 BIRTHPLACE			(m) (1) 10 10 0	
OF FATHER (State or Country) Kentucky			(SIGNED) , M. /D.	
12 MAIDEN NAME OF MOTHER		*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL, or HOMI-		
Elizabeth J Wright			CIDAL. 18 TENOTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSFERTS,	
OF MOTHER (State or Country)			or RECENT RESIDENTS) At place of deathyrsmosds. In the Stateyrsmosds.	
Virginia RE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted, if not at place of death?	
tmant) line. Laud I. Reed		Former or usual residence 1021 East 10th, 0, lahoras City, Okla.		
			19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL Removal
(Address)	1021 Est 10	oth, Oklahoma	Columbia Missouri	Dec. 21st 1928
Dec 21-	19. 28 maze	iBMenten Registrar	20 UNDERTAKER Street and Draper	ADDRESS Okla. City
NOT PUR CO., OKLAHOI	NA CITY			
			5 6 0	
	III HAMMERMILL	SENTRY SAFETY II		
		the the the	80. 1907 JS	



State Bepartment of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

Official Caroling

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

CERTIFIED COPY MUST STATE REGISTRAR