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.

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

JUN 27 1936

Do not use this space.

18965

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 3014

City: Jefferson City, (No. ..., St. ..., Ward)

File No.:

Registered No.: 162

2. FULL NAME: Elizabeth Turner-#47223, Women's Division, Missouri State Penitentiary, Jefferson City, Missouri.

(a) Residence, No. (Usual place of abode) ... 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: Negro.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Married Elroy Branham.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1912.

7. AGE: Years 23 — Months 11 — Days 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Unknown.

11. Total time (years) spent in this occupation: Unkn.

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

FATHER

13. NAME: Rev. Frank B. Turner.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boon County, Mo.

MOTHER

15. MAIDEN NAME: Ora Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boon County.

17. INFORMANT: Frank B. Turner (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo. DATE 6-3- 1936

19. UNDERTAKER: Stewart P. Parker, (ADDRESS) Columbia, Missouri.

20. FILED 6-3- 1936 [signature] M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 28, 1936. I last saw her alive on May 28, 1936. Death is said to have occurred on the date stated above, at 12:35 a.m. The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |

Other contributory causes of importance:

Suppurative Tonsilitis

Syphilis.

Name of operation: None — Date of: ----

What test confirmed diagnosis? ---- 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? ...

If so, specify ...

(Signed) [signature] M. D.

(Address) Jefferson City, Missouri.