PLACE OF DEATH

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

814

nty Green

nship Robberson Registration District No. 324 File No.

age Primary Registration District No. 5449 Registered No. 1

(NO. St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jonas Browning

PERSONAL AND STATISTICAL PARTICULARS

X	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	white	married

TE OF BIRTH Jan 5 1873 (Month) (Day) (Year)

E 51 yrs. mos. 5 ds. If LESS than 1 day, hrs. or min.?

UPATION
rade, profession, or
icular kind of work Harmen

eneral nature of industry,
ness, or establishment in
h employed (or employer)

HPLACE
or town,
or foreign country) Tenn

NAME OF FATHER Thomas Browning

BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn

MAIDEN NAME OF MOTHER Bell Hanah

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

rmant) Dutch Heady

(ADDRESS) Brighton

Jan 20-1924
Jan 9 1924 Mae Sanborn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 9 (Day) 1924 (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1923, to Jan 1, 1924, that I last saw him alive on Jan 1, 1924 and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Joints

35

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. H. Nicholas M. D.

Jan 9 1924 (Address) Brighton

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Hickory Grove

DATE OF BURIAL Jan 10 1924

UNDERTAKER Whitfield

ADDRESS Morrison Mo.

PLACE OF DEATH

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____ _____ St.; _____ Ward)

[If death occurre
hospital or insti
give its NAME
of street and num

MISSOURI STATE BOARD OF HEAL

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, 1_____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. | If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, 1
(Month) (Day) (

I HEREBY CERTIFY, that I attended deceased

_____, 191____, to _____, 19

that I last saw h_____ alive on _____, 19

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____ (Duration) _____ yrs. _____ mos.

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos.

(Signed) _____

_____, 191____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNDERTAKER	ADDRESS