OCT 24 1927

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

Do not use this space. 23721 P

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff, Mo. — Primary Registration District No. 5131 — Registered No. 235
City ~~Poplar Bluff-Kellytown~~ (Usual place of abode) ..... St. ..... Ward)

2. FULL NAME Lawrence Franklin Brownington
(a) Residence. No. Poplar Bluff, Mo-Kellytown 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: male
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) Dec-3-1926

7. AGE — YEARS: — MONTHS: 8 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Homer Brownington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ripley Co. (STATE OR COUNTRY) Missouri
12. ~~MAIDEN~~ NAME OF MOTHER Cora Tucker ~~Brownington~~
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne Co. (STATE OR COUNTRY) Missouri

14. INFORMANT Leila Wooten (Address) Poplar Bluff, Mo. ~~Kellytown~~

15. FILED 10-7, 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/18, 1927, to ....., 19.... that I last saw him alive on 8/18, 1927, and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gastro Enteritis

119 B 113 B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) no (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. F. S. Taylor, M. D
8/19, 1927 (Address) Poplar Bluff Mo

*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: Black Creek — DATE OF BURIAL: Aug 18 1927 2:00

20. UNDERTAKER: A. W. Green, Poplar Bluff, Mo. — ADDRESS

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.