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

Do not use this space.

File No. 27495

Registered No. [illegible]

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 6027
City: Kansas City (No.: Terminal Yds track No. 21 Street: ..... Ward: .....)

2. FULL NAME: Charles Thomas Browning
(a) Residence. No.: 5646 Askew St.: ..... Ward: .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 8 yrs. 6 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Mrs Mary B. Browning

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 8 - 1886

7. AGE: Years 42 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Olathe Kansas

PARENTS
10. NAME OF FATHER: Jabez Thos Browning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Clara Inda Cummings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Mo.

14. INFORMANT: Mrs. M. Fern Shines
(Address): 4026 Michigan

15. FILED: 8/28, 1928 M. M. Cosgrove Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 28 1928 Tuesday

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental R.R.
Fracture
Fractured Crushed
K.C. Mo. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
8-28 (Signed) H. E. Moss, M. D.
Cummings, 19 28 (Address) Coroner

*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: Mt. Moriah Cemetery — DATE OF BURIAL: Aug 30 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

N. B.—Be careful in filling out this record. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE of DEATH be carefully supplied. Exact statement of OCCUPATION is very important.

FADING INK—THIS PERMANENT RECORD

FEB 9 1949

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms and may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRATION FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1012 — Registered No. 35-71
City K. City (No. ..... St. ..... Ward)

2. FULL NAME Charles Thomas Browning

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

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

7. AGE — YEARS — MONTHS — DAYS — 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)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 8/28 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental R. R. Traumatism
Trunk Crushed
K. to me
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Instead of truck use word trunk
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (Trunk)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? No auto.
WHAT TEST CONFIRMED DIAGNOSIS? Involved
(Signed) ....., M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

1880

S-27495