

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

Do not use this space.

33405

**1. PLACE OF DEATH**

County Holt  
Township Lincoln  
City Corning

Registration District No. 368  
Primary Registration District No. 5514

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mabel Marie Browning

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Ray Browning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 - 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33    2    17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Fairfax Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Bostwick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Slesley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fairfax Mo  
(STATE OR COUNTRY)

14. INFORMANT Ray Browning  
(Address) Corning Mo

15. FILED 10/29/28 Hayden A. Danker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1928

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, and that I last saw her alive on Sept 27, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epilepsy  
(duration) 14 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. B. Ottum, M. D.  
10/29, 1928 (Address) Corning 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 Sharks Cemetery DATE OF BURIAL 10/29 1928

20. UNDERTAKER Asa L. Schooler ADDRESS Corning Mo

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.

RECORD

