

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

Do not use this space.

35948

1. PLACE OF DEATH

County Jasper
Township Joplin
City Joplin (No. 909 Central)

Registration District No. 411
Primary Registration District No. Central

File No. _____
Registered No. _____ (St. _____ Ward)

2. FULL NAME

Arthur M. Browner

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Pauline Browner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
42 | 3 | 7

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

9. BIRTHPLACE (CITY OR TOWN) Granby
(STATE OR COUNTRY) _____

10. NAME OF FATHER A. Browner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett Mo.
(STATE OR COUNTRY) _____

12. NAME OF MOTHER Mary Green

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

14. INFORMANT Pauline Browner
(Address) Joplin Mo.

15. FILED 10-27-28 Abraham Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-5-28

17. I HEREBY CERTIFY That I attended deceased from Aug 1-28 to 10-5-28 that I last saw him alive on 10-5-28 and that death occurred, on the date stated above, at 11 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Pancreas
1 1/2 yrs. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. da.

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) H. L. Wilbur, M. D.
10/6/28 (Address) Joplin 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 Hopkwood Cem DATE OF BURIAL 10/9/28
19

20. UNDERTAKER Hurlbut & Co ADDRESS Joplin 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.

