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

Do not use this space.

11697

1. PLACE OF DEATH

County: Nodaway — Registration District No. 625 — File No.

Township: Polk — Primary Registration District No. 3031 — Registered No. 37

City: Maryville (No. ..... St. ..... Ward)

2. FULL NAME Lois Evelyn Browning

(a) Residence. No. ..... Elmo, Mo. 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 19, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	10	7	3	

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

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9. BIRTHPLACE (CITY OR TOWN): Elmo
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Earl W. Browning

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Elmo,
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Norma Boshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Earl W. Browning
(Address): Elmo, Missouri

15. FILED: Mar. 23, 1929 — C. P. Fryer, Registrar, E.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to March 22, 1929, that I last saw her alive on March 22, 1929, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

108 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 1010 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Elmo-Missouri

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Roentgen ray

(Signed) J. H. Ryan, M. D.

, 19 (Address) Maryville 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	DATE OF BURIAL
Elmo, Mo.	Mar. 24 1929
20. UNDERTAKER	**ADDRESS**
Price Furniture Co.	Maryville, 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.