

williams

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

Do not use this space.

984

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield (Not Greene)

Registration District No. 318
Primary Registration District No. 5439

File No. _____
Registered No. 69
Hospital _____ (Ward) _____

2. FULL NAME

Mrs. Johanna Minna Browner

(a) Residence, No. 1230 N. 20 road 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? 26 yrs. mos. ds.

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

of Mr. C. C. Browner

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

July 13, 1876

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Mother
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer 255

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

Lansingen
Germany

10. NAME OF FATHER

Un Mr. Sangak

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

Un Known
Germany

12. MAIDEN NAME OF MOTHER

Phillipina Bouman

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

Un Known
Germany

14.

INFORMANT Mrs. William Sebaldt
(Address) 1332 Frisco Ave

15.

FILED 1-24, 1931 Lois Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1928, to 1/23, 1931, that I last saw him alive on 1/21, 1931, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(duration) yrs. 16 mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Th

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH 1352 Frisco

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Liberty - phys
(Signed) Johannes, M. D.

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.
1/24, 1931 (Address) Springfield

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Greenlawn

DATE OF BURIAL

Jan. 25 1931

20. UNDERTAKER

J. C. Thieme

ADDRESS

Springfield Mo.

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

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.

390
FEB 18 1931

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11