

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

Do not use this space.

27437

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Mount Primary Registration District No. 5040
City Mount (No. _____) St. _____ Ward _____

2. FULL NAME

Enoch Browning
(a) Residence, No. R.D. # St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 24th 1855</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk.</u>		
FATHER	13. NAME <u>Chas Browning</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Sylvia Reeves</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Miss Ruth Haddock Mount R.D. #</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>new site</u> DATE <u>aug 23 1931</u>		
19. UNDERTAKER (ADDRESS) <u>R.M. Callaway Mount</u>		
20. FILED <u>9-23-</u> 19 <u>31</u> <u>W.M. Dist.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Aug 23, 1931
I last saw him alive on Aug 8th 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic organ disease associated with chronic nephritis
Date of onset 1931
Other contributory causes of importance: 75B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violent), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Aug 23, 1931
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury Yes
Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Chronic nephritis
(Signed) D. G. Mullen M. D.
(Address) Mount, 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.

SEP 21 1931

100-100000