

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

Do not use this space.

35306

1. PLACE OF DEATH

35 County Dunklin
Township Saline
City Smith (No. _____)

Registration District No. 290
Primary Registration District No. 5408

File No. _____
Registered No. 58-33
St. _____ Ward _____

2. FULL NAME

Cape) Barahan 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mrs. Joseph P. Browning
Oct 16, 1892

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacy Store
10. Date deceased last worked at this occupation (month and year) Oct 1, 1931 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Tenn

13. NAME Robert M. Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Tenn

15. MAIDEN NAME Mary Lanore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Tenn

17. INFORMANT Mrs. Joseph P. Browning
(ADDRESS) Smith, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE Nov 25, 32

19. UNDERTAKER M. Daniel Turner Co
(ADDRESS) Smith, Mo

20. FILED 127 1932 A. Glenn Davis
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932 to Nov 23, 1932
I last saw him alive on Nov 21, 1932. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Diabetes Mellitus - duration not known
Other contributory causes of importance:
①

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. Glenn Davis, M. D.
(Address) Smith, 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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 9 1933

