

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.

APR 22 1933

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

Do not use this space.

9398

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. 11174)

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 76
St. _____ Ward _____

2. FULL NAME

Augusta Browne
(a) Residence, No. 11174 Kentucky 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 <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard C Browne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 30-1896</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>10</u>	DAYS <u>5</u>
		If LESS than 1 day, _____ hra. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1933, to 3/5, 1933

I last saw h _____ alive on _____ Death is said to have occurred on the date stated above, at 1400 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Mo

13. NAME
Frank Kraus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
No Record

15. MAIDEN NAME
No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
No Record

17. INFORMANT
Richard Browne
(ADDRESS) 11174 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mr Wash DATE Mar 8 1933

19. UNDERTAKER
Mrs. C. F. Forster
(ADDRESS) 418 Brooklyn Ave

20. FILED March 6 1933
J R Cook
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? XRay 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) W. Williams, M. D.
(Address) 10307 Indip Ave. Remo

