

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

Do not use this space.

32170

1. PLACE OF DEATH

7 County Bates Registration District No. 186 File No. \_\_\_\_\_  
Township Charlotte Primary Registration District No. 5078 Registered No. 5  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lucero Jasper Browning  
(a) Residence, No. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1860  
7. AGE YEARS 73 MONTHS 5 DAYS 23 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Bates Co (STATE OR COUNTRY) Mo

13. NAME Jasper Browning

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Anna Easton

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Bert Browning (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Don't know DATE Oct 6 '33

19. UNDERTAKER Butler Mo. (ADDRESS)

20. FILED Oct 6 1933 C. A. Lusk Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 10 33, to Oct 5 33,  
I last saw him alive on July 10 33 Death is said to have occurred on the date stated above, at 10 a.m.

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

Pneumonia, hemorrhage  
23A  
23B  
23  
Other contributory causes of importance  
Pneumonia, tuberculosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Qm Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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) D. J. Lusk  
(Address) Butler, 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.

NOV 10 1933

922

33

where

