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

Do not use this space.

34986

File No. 9171

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 11460 City Hosp. St. Ward)

Registration District No. 781

Primary Registration District No. 1003

2. FULL NAME James Browning

(a) Residence, No. 12132 S 3rd St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1-1850

7. AGE YEARS 83. MONTHS 6 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Kentucky

FATHER

13. NAME James Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Hosp. Supt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potter's Field DATE 10/26 1933

19. UNDERTAKER (ADDRESS) Naid Jay Tessan

20. FILED OCT 24 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1933, to 10-19, 1933

I last saw alive on 10-19, 1933. Death is said to have occurred on the date stated above, at 6:18 P m.

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

	Date of onset
131 Senility	
97 Arteria-Sclerosis	
97 Chronic Nephritis	
Bronchio-Pneumonia	

Other contributory causes of importance:

Benign Hypertrophy of Prostate Gland

Name of operation Date of

What test confirmed diagnosis? Clin. & Path. Was there an autopsy? Yes

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? No

If so, specify

(Signed) J. Coleman, M. D.

(Address) City Hosp.

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2