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 25 1934

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

Do not use this space.

9223

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1422
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo. (No. 56 and Troost Ave. St. Ward)

2. FULL NAME Catherine Browning
(a) Residence, No. 5529 Rockhill Rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank D Browning
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 8 1868
7. AGE: YEARS 66 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): Platt City Missouri

FATHER
13. NAME: David R Denton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Polly E Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platt City Missouri

17. INFORMANT (ADDRESS): Son Frank Norman 5529 Rockhill Rd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Platt City Ceme DATE March 31, 1934
19. UNDERTAKER (ADDRESS): Mellody McGilley Linwood and Euclid
20. FILED 3-30, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29, 1934
22. I HEREBY CERTIFY, That I attended deceased from (2) Grocer, 19..
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:55 P.m.
The principal cause of death and related causes of importance were as follows:
Multiple Fractures of Ribs. Hemo thorax & hemo peritoneum. Laceration of spleen
Date of onset
Other contributory causes of importance: Automobile Trauma
210 M 14 B
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/29, 1934
Where did injury occur? 56 and Troost K S Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Struck by car while crossing
Manner of injury Street
Nature of injury See above
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Kans C Mo