

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

Do not use this space.

1. PLACE OF DEATH

County Atchison
Township Clark
City Fairfax, Mo. (No. _____)

Registration District No. 17
Primary Registration District No. 4011

File No. 15622
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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

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) Nov. 12-1852
7. AGE YEARS 81 MONTHS 6 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Holt Co. Mo.

13. NAME Wm Browning

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

15. MAIDEN NAME Elizabeth Holloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

17. INFORMANT (ADDRESS) H. J. Browning Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE May 15 1934

19. UNDERTAKER (ADDRESS) Schoder Bros. Fairfax, Mo.

20. FILED May 15 1934 Edith B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1934

22. I HEREBY CERTIFY, That I attended deceased from April 23 1934, to May 13 1934
I last saw him alive on May 13 1934. Death is said to have occurred on the date stated above, at 11:45 Am.

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

Chronic Myocarditis 936
acute cardiac decompensation 1B
1934
4-27-34

Other contributory causes of importance:
General Arteriosclerosis
to Myopia
April 5, 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 _____, 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) M. A. Mulvaney, M. D.
(Address) Fairfax, Missouri

JUN 20 1934

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.

