

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

Do not use this space.

**1. PLACE OF DEATH**

County Gasconade  
Township Baron  
City Baron (No.       )

Registration District No. 305  
Primary Registration District No. 5422

File No. 20054

Registered No. 13  
St.        Ward       

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21 - 1934</u>		
7. AGE YEARS <u>      </u>	MONTHS <u>5</u>	DAY <u>5</u> IF LESS than 1 day, hrs. <u>      </u> or min. <u>      </u>
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. <u>      </u>		
10. Date deceased last worked at this occupation (month and year) <u>      </u>		
11. Total time (years) spent in this occupation <u>      </u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rosebud mo

13. NAME Calvin Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Ark

15. MAIDEN NAME Flora Chasco

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

17. INFORMANT (ADDRESS) Calvin Browning Rosebud mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salina DATE Feb 1934

19. UNDERTAKER (ADDRESS) Lane Meyer

20. FILED 7-10 1934 J. J. Purcell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934, to June 26, 1934. I last saw her alive on June 26, 1934. Death is said to have occurred on the date stated above, at 10:20 p.m.

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

acute gastritis  
158  
1186  
Indigestion

Other contributory causes of importance:

Name of operation none Date of         
What test confirmed diagnosis? clinical 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) J. P. Fitzgerald, M. D.  
(Address) Baron, 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.

20.

12 25 3

15 25 3

WASHINGTON

20054

13

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Shirley Jane Browning  
 Who died at \_\_\_\_\_ on June 26 - 1934  
 Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 0 Months 5 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Acute Gastritis  
Indigestion caused by  
hot weather and improper  
food.

Other contributory causes of importance \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician W. F. Fitzgerald - Gerald mo

Address of physician \_\_\_\_\_

Signature of Registrar J. J. Ferrell Date filed 6-26-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 305

Very truly yours, E. T. McGaugh

Primary Reg. Dist. No. 5422

State Registrar

Special Agent.

S-20054