

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

Do not use this space.

27830

**1. PLACE OF DEATH**

County Polk  
Township Elmwood  
City Blackburn (No. ....)

Registration District No. 193  
Primary Registration District No. 4474

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

John William Browning

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode) Length of residence in city or town where death occurred 13 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Hickman Browning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>80</u>	<u>2</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer (retired)

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) Sweet Springs, Mo.

13. NAME Henry Browning

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

15. MAIDEN NAME Nannie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

17. INFORMANT (ADDRESS) Robert Jackson Blackburn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Mo. DATE 7-6-1934

19. UNDERTAKER (ADDRESS) Volter McCreesh Blackburn Mo.

20. FILED 7-5-1934 Nannie Lewis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1934, to July 4, 1934

I last saw him alive on July 4, 1934. Death is said to have occurred on the date stated above, at 7:20 P.M.

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

Senility  
108  
162  
Lobar Pneumonia

Date of onset March 1934

(Name of operation) ..... 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) R. S. James M. D.

(Address) Blackburn, 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.  
AUG 16 1934

