

FEB 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski
Township Richland Mo.
City Richland Mo.

Registration District No. 712
Primary Registration District No. 4427

File No. 44060

Registered No. 3
St. Richland Ward Richland

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1934
7. AGE YEARS 0 MONTHS 0 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) Richland Mo.
11. Total time (years) spent in this occupation at Home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo.

13. NAME C. Herbert Browning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atwood Tenn.

15. MAIDEN NAME Mattie M. Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drum Mo.

17. INFORMANT C. Herbert Browning
(ADDRESS) Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Mo. DATE Dec 20, 1934

19. UNDERTAKER R. B. Tinkle
(ADDRESS) Richland Mo.

20. FILED Dec 20, 1934 Overt A. Oliver
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec 4, 1934 to Dec 19, 1934

I last saw him alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 12:30 m.

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

Pulmonary Edema Date of onset 12/17/1934

III

11/18

Other contributory causes of importance: Unknown

Weighted 13 at Birth

Name of operation no Date of no

What test confirmed diagnosis? Bed side Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Overt A. Oliver

(Signed) Overt A. Oliver M. D.
(Address) Richland Mo.

