

MAY 29 1935

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

Do not use this space.

13447

## 1. PLACE OF DEATH

County..... Lewie  
Township.....  
City..... LaBelle (No....., St..... Ward)

Registration District No..... 481  
Primary Registration District No..... 5643B

File No..... 4  
Registered No..... 5

2. FULL NAME Mary Alice Browning

(a) Residence No..... St..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 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

J.M. Browning6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19, 1858.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
76 5 26

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowen, Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Albin

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Margaret Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Ed Robinson  
(Address) Lewistown, Mo.

15. FILED 4/16, 35 J. A. Coder  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1935

17. I HEREBY CERTIFY That I attended deceased from April 13, 1935 to April 15, 1935 (that I last saw deceased) alive on April 15, 1935, and that death occurred, on the date stated above, at 11:30 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Brochial Pneumonia;1070(duration) yrs. mos. 5 ds.CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Harry P. M. Braden  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Grand View Park Cometary  
Hannibal, Missouri

DATE OF BURIAL  
4/17 1935

20. UNDERTAKER  
James A. Coder  
ADDRESS Lewistown Mo

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.

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PARENTS

