

FEB 20 1936

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

Do not use this space.

2068

1. PLACE OF DEATH

County McDonald
Township Prairie
City Southwest City (No.)

Registration District No. 315
Primary Registration District No. 4311

File No.
Registered No.
St. Ward)

2. FULL NAME

Monroe Browning
Southwest City Missouri

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

(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1st 1854

7. AGE YEARS 82 MONTHS DAYS 27 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmithing
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Nashville Tennessee

FATHER 13. NAME Mark Browning

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

MOTHER 15. MAIDEN NAME Sarah Jane Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT James Browning (ADDRESS) Southwest City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Southwest City DATE January 29th 1936

19. UNDERTAKER Nichols Brothers (ADDRESS) Southwest City Missouri

20. FILED Jan 29th, 1936 James Nichols Registrar (Address) Southwest City Missouri

MEDICAL CERTIFICATE OF DEATH 1936

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28th 1936

22. I HEREBY CERTIFY, That I attended deceased from September 10th 1935 January 28th 1936

I last saw him alive on January 26th 1936 Death is said

to have occurred on the date stated above, at 9.30 A.M.

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

Chronic Sclerosis Date of onset

#arteriosclerosis
Chronic Nephritis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify (Signed) A. V. Ferguson M. D.

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.

