

MAR 20 1936

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

Do not use this space.

4469

## 1. PLACE OF DEATH

County BarryRegistration District No. 30

File No. ....

Township MonettPrimary Registration District No. 5040Registered No. 15

City .....

(No. ....)

St. .... Ward)

2. FULL NAME Elmer Charles Browning(a) Residence, No. ....  
(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFMrs. Hattie Browning

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

April 4, 1871

7. AGE

YEARS  
64MONTHS  
9DAYS  
19If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.farmer9. 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)Barry Co. Mo

MOTHER FATHER

13. NAME

Charles Browning14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Kentucky

15. MAIDEN NAME

Sylvia Reeves16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany17. INFORMANT  
(ADDRESS)Mrs. Hattie Browning  
7th Monett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New SiteDATE 2/24

1936

19. UNDERTAKER  
(ADDRESS)Callaway's  
Monett Mo20. FILED 2-24

1936

W. P. West

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2-231936

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1936, to Feb 23, 1936Last saw him alive on Feb 23, 1936 Death is saidto have occurred on the date stated above, at 1:15 P. m.

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

Pruritic Eczema 1-24  
1936

Other contributory causes of importance:

108  
Pruritic with effusion  
2-1936

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? no

If so, specify .....

(Signed) J. M. West

M. D.

(Address) Monett 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.

