

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

Bishop
 Do not use this space.
 7144
 60

MAR 24 1936

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. 520 West 6th. St. _____ Ward _____)

2. FULL NAME William H. Browneller
 (a) Residence, No. 520 West 6th. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24/36, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Browneller

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1935, to Feb 24 1936.
 I last saw him alive on Feb 23 1936. Death is said to have occurred on the date stated above, at 1230 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1863

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 9

Chronic myocarditis Date of onset _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
 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 _____

Other contributory causes of importance:
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME Michael Browneller

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Where did injury occur? _____ (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Pauline Leeper

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

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

Manner of injury _____
 Nature of injury _____

17. INFORMANT Miss Jessie Browneller (ADDRESS) Sedalia Mo.

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE Feb. 26 1936

If so, specify _____

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

(Signed) A. J. Bishop, M. D.
 (Address) Sedalia

20. FILED 2-25-36 Jean Slack Registrar.

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.

