SEP 29 1936

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

Do not use this space.

30959

File No. 3738

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City K.C. Mo. (No. 4505 - E - 18th St. Ward)

2. FULL NAME Verda Pearl Browning

(a) Residence, No. 4505 - E - 18th 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

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	9	24	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co. Illinois

FATHER

13. NAME Curtis B. McConnell

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

MOTHER

15. MAIDEN NAME Isabelle Gardenhauser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mr Joseph B. Browning 4505 - E - 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8 - 17 1936

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K.C. Mo.

20. FILED 8 - 15 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to Aug 13, 1936 I last saw her alive on Aug 13, 1936 Death is said to have occurred on the date stated above, at 8:54 A.m.

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

Carcinoma Breast — Date of onset Apr '36

50

Other contributory causes of importance:

Name of operation Breast Amputation Date of July 17, '36

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) A. M. Ziegler, M. D.

(Address) 201 Plaza Theatre Bldg

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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