

REC'D JUN 7 1938

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

18788  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston Registration District No. 1076  
(b) Township Fairview Primary Registration District No. 6680 Registered No. 9  
(c) City Avalon, Mo. (d) Street No. Home in Avalon, Missouri St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Blanch W. Browning 665

(a) Residence, No. Avalon, Missouri St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 S. A. Browning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Cameron Missouri

FATHER 13. NAME A. Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER 15. MAIDEN NAME Mary E. Wilhoit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT S. A. Browning  
(ADDRESS) Avalon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon DATE May 4, 1938

19. FUNERAL DIRECTOR F. B. Narsan  
(ADDRESS) Chillicothe, Missouri

20. FILED May 4, 1938 Mrs. Chas. Ludwig Local Registrar (Address) Chillicothe, Mo.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Browning (suicide)  
Body found in well in back yard

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide or homicide? suicide Date of injury 5-2, 1938  
Where did injury occur? Avalon, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury drowning  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) C. P. Brady, 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.

- STATEMENT BY LICENSED EMBALMER

I, ER Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by Elton F. Norman, Registered Apprentice No. 79

working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**