

REC'D AUG 22 1938

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

24678
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 7.2
(b) Township Centralia Primary Registration District No. 4041 Registered No. 18
(c) City Centralia (d) Street No. _____ 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

Leeward Calvine Browne 6571
(a) Residence, No. _____ 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 Male 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 Alberta Regal Browne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 11 19

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

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) Mauroe Co. Mo.

13. NAME Jos. M. Browne

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

15. MARRIEN NAME Mary Ann Dearman

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) probably Mauroe Co. Mo.

17. INFORMANT (ADDRESS) Mrs L C Browne Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE Aug 8 1938

19. FUNERAL DIRECTOR (ADDRESS) M. J. McDaniel Centralia Mo

20. FILED 8/8 1938 J. S. J. Sellen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1938 to Aug 6 1938

I last saw him alive on Aug 6 1938 Death is said to have occurred on the date stated above, at 11:59 a.m.

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

Angina Pectoris Aug 6, 1938 Date of onset

Other contributory causes of importance: 94 W

Name of operation None Date of _____
What test confirmed diagnosis Phys Exam Was there an autopsy? No

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) [Signature], M. D.

(Address) Centralia

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, M. J. McDonald, Licensed Embalmer No. 2589

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

L. E.

No. 2589 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed M. J. McDonald

Licensed Embalmer No. 2589

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.)