

FILED OCT 10 1947

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

31756

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 183
 (b) Township Browning Primary Registration District No. 4296 Registered No.
 (c) City (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe / 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR Married
 (Indicate by the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF John Robison 67
 (OR) WIFE OF Mar 30 1875

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

7. AGE YEARS 72 MONTHS 5 DAYS 24 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)13. NAME Isaac Lewis14. BIRTHPLACE (CITY OR TOWN) MISSOURI (STATE OR COUNTRY)15. MAIDEN NAME Liza Shields16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)17. INFORMANT John Robison (ADDRESS) Browning18. BURIAL, CREMATION, OR REMOVAL Avalon PLACE DATE Sept 26, 4719. FUNERAL DIRECTOR (NAME) Wade Funeral Home (ADDRESS) Browning, Missouri20. FILED Sept. 30 1947 Elna Cookshanks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1947

22. I HEREBY CERTIFY That I attended deceased from Aug 19 47 to Sept 24 47, 1947
 I last saw her alive on Sept 24, 1947 Death is said to have occurred on the date stated above, at 4:55 P.M.

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

Coronary thrombosis Date of onset

Other contributory causes of importance:
Chronic myocardial hypertrophy
Paralytic from cerebral hemorrhage 2 yrs

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?
 If so, specify
 (Signed) J.P. McArthur, M. D.

(Address) Browning, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Gerald I. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.)

If this body is not embalmed, above space should be left blank.