

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.

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

Do not use this space.

41780

1. PLACE OF DEATH

County Gallatin
Township Pleasant Hill
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 929
Primary Registration District No. 6123

File No. _____
Registered No. 13

2. FULL NAME

Mrs. Belle Browning

(a) Residence. No. _____ St. _____ Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>B</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. B. Browning</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 18 1863</u>		
7. AGE <u>64</u>	YEARS <u>11</u>	MONTHS <u>17</u>
		DAYS <u>17</u>
		If LESS than 1 day, <u>_____</u> hrs. <u>_____</u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miss.
10. NAME OF FATHER Edward Lucia

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14.

INFORMANT Walter Browning
(Address) Browning Mo.

15.

FILED 12 17 1930 J. M. Rogers REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1930
17. I HEREBY CERTIFY, That I attended deceased from March 1928, to Dec 17 1930, that I last saw her alive on Dec 17 1930 and that death occurred, on the date stated above, at 11 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of left lung
50
4716 (duration) 2 yrs. 1 mos. 17 ds.

CONTRIBUTORY (SECONDARY)

Cancer of breast (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT PLACE OF BIRTH _____

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm. H. Baker M.D.

, 19 _____ (Address) Browning Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Griffin

12
18 19 30

20. UNDERTAKER

ADDRESS

L. W. Browning Browning Mo.

1. 6/10/10

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