

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

Do not use this space.

JAN 11 1935

42737

1. PLACE OF DEATH

42 County Henry Registration District No. 352
Township Beor Creek Primary Registration District No. 5494
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

Clifton Summerfield Browning
(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OR RACE <u>white</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>Ellen Browning</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4, 1847</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Retired Farmer</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Ernest Brown</u> (ADDRESS) <u>Montrose Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Scarp Chapel</u> DATE <u>Dec. 6, 1934</u>		
19. UNDERTAKER <u>Fred Wilkinson</u> (ADDRESS) <u>Montrose Mo</u>		
20. FILED <u>Dec 6, 1934</u> <u>J. M. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934 to Dec 4, 1934
I last saw him alive on Dec 2, 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:
Senility, Atheroma
Date of onset 97
Other contributory causes of importance 97

Name of operation none 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? no 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) J. M. Miller, M. D.
(Address) Montrose Mo

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.

