

MAY 27 1927

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

Do not use this space.

12104

1. PLACE OF DEATH

County Gasper
Township Gasper
City Polio

Registration District No. 418
Primary Registration District No. 5572
(No. R. R. #1)

File No. 2
Registered No. 105
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Polio Kan. (R. #1) St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Lucy L. Browning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/16/1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 | 11 | 20 | = | min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joshua Browning

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

12. MAIDEN NAME OF MOTHER Wilder McBrule

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

14. INFORMANT Mrs. Lucy Browning
(Address) R. #1, Polio Kan.

15. FILED May 27 1927 W. C. Coleman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6 1927

17. I HEREBY CERTIFY, That I attended deceased from 7:15 1927 to Apr 6 1927 that I last saw him alive on Apr 5 1927, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23 1/2 (duration) 15 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) Walter J. Nichols, M. D.
4/7, 1927 (Address) Polio Kan.

*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 W. C. Coleman Unit DATE OF BURIAL 4/8 1927

20. UNDERTAKER Steele and Co. ADDRESS West City

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.

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