DEC 22 1930

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

Do not use this space.

36029

File No.

Registered No. 336

1. PLACE OF DEATH

County Jackson

Township Blue

City Independence (No. ..... St. ..... Ward)

Registration District No. 398

Primary Registration District No. 5554

2. FULL NAME George E. Browne

(a) Residence. No. 1824 Norwood St., Ave. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Browne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
-	39	—	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer) List Construction

(c) Name of employer W. M. List.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

PARENTS

10. NAME OF FATHER Edward E. Browne

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

12. MAIDEN NAME OF MOTHER Mary F Hawley

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

14. INFORMANT Josephine Browne
(Address) 1824 Norwood

15. FILED 11-6, 1930 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 11-6, 1930 that I last saw him alive on 11-6, 1930, and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignancy of throat (Carcinoma)

45 F

7/B (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Anemia

(duration) yrs. 6 mos. ds.

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?

(Signed) George W Pack M. D.

11-6, 1930 (Address) 11037 Wiseman Rd

*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
Maple Park Cemetery Springfield Mo.	Oct 8 1930
20. UNDERTAKER	ADDRESS
[illegible] Mitchell	Independence Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.