

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

Do not use this space.

DEC 22 1930

37106

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township _____

Primary Registration District No. 3034

City Moberly

(No. Woodland Hospital)

File No. _____

Registered No. 450

St. _____ Ward _____

2. FULL NAME

Otis A. Browning

(a) Residence. No. _____
(Usual place of abode)

St. _____ Ward _____

R.F.D. Cairo, Mo.
(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

June 18th 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

65

5

12

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)

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

James Browning

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER Elizabeth Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14. INFORMANT

Mrs. Lawson Evans

(Address)

Moberly, Mo.

15. FILED

12/1, 1930 Dr. Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30th 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1930, to Nov. 30, 1930 that I last saw h. l. m. alive on _____, 19____, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phlebitis entire right lower extremity
100%
99%
(duration) about 12 ds.

CONTRIBUTORY Eubolism
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Cairo

DID AN OPERATION PRECEDE DEATH? No. DATE OF No.

WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed)

R. D. Streetor

_____, M. D.

12-1st, 1930 (Address)

Moberly, 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

Pleasant View

12-12th 1930

20. UNDERTAKER

ADDRESS

Mahant Son

Moberly Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS.

