

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 14 1934

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

Do not use this space.

28065

1. PLACE OF DEATH

100 County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Merada (No. _____) St. _____ Ward _____

File No. 188

Registered No. _____

2. FULL NAME Martha Browning

(a) Residence, No. Monett 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. about 64

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Embalmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John B. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Julia Drake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Hosp. record. (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett Mo DATE July 22, 34

19. UNDERTAKER (ADDRESS) Fern Furbush, Monett

20. FILED July 20, 1934 W. M. Nunn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 20, 1934

I last saw her alive on July 20, 1934 Death is said

to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

Acute cardiac decompensation Date of onset 7/18/34
16:20 ✓

Other contributory causes of importance: Hypertensive pneumonia 7/19/34

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? _____

If so, specify _____

(Signed) F. L. Martin, M. D.

(Address) Merada

W. A. ...
W. A. ...
W. A. ...

W. A. ...
W. A. ...
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W. A. ...
W. A. ...

W. A. ...
W. A. ...

W. A. ...

Vernon

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Matthe Brauning
Who died at _____ on July 20 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: ab 64 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: ac cardiac decomposition

X typo portative pneumonia
Other contributory causes of importance Broncho Pneumonia X

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ 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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician M. Eichinger July 20, 1934

X Signature of Registrar _____ Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 875

Very truly yours,

Primary Reg. Dist. No. 6160

E. T. McLaugh M.D.
S.C.

Special Agent.

F. H. Martin

COMMUNICATIONS SECTION

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