

NOV 19 1937

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

Do not use this space.

38168

1. PLACE OF DEATH

County Macon  
Township La Plata  
City La Plata (No. 1)

Registration District No. 532  
Primary Registration District No. 4318

File No. 110  
Registered No. 532  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Samuel Alexander Browning

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Parley Surelley Gentry

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937, to Nov. 1, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 60 1856

I last saw him alive on Nov 1, 1937. Death is said to have occurred on the date stated above, at 12:40 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 10 11

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 \_\_\_\_\_

Broncho-pneumonia  
Chronic myocarditis  
Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Illinois

Other contributory causes of importance: \_\_\_\_\_

MOTHER FATHER 13. NAME Joshua Browning

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER FATHER 15. MAIDEN NAME Hulda Mc Bride

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)

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

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs. S. A. Browning  
La Plata Mo

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry Box Mo DATE Nov 3, 1937

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Reich Hudson  
Edina Mo

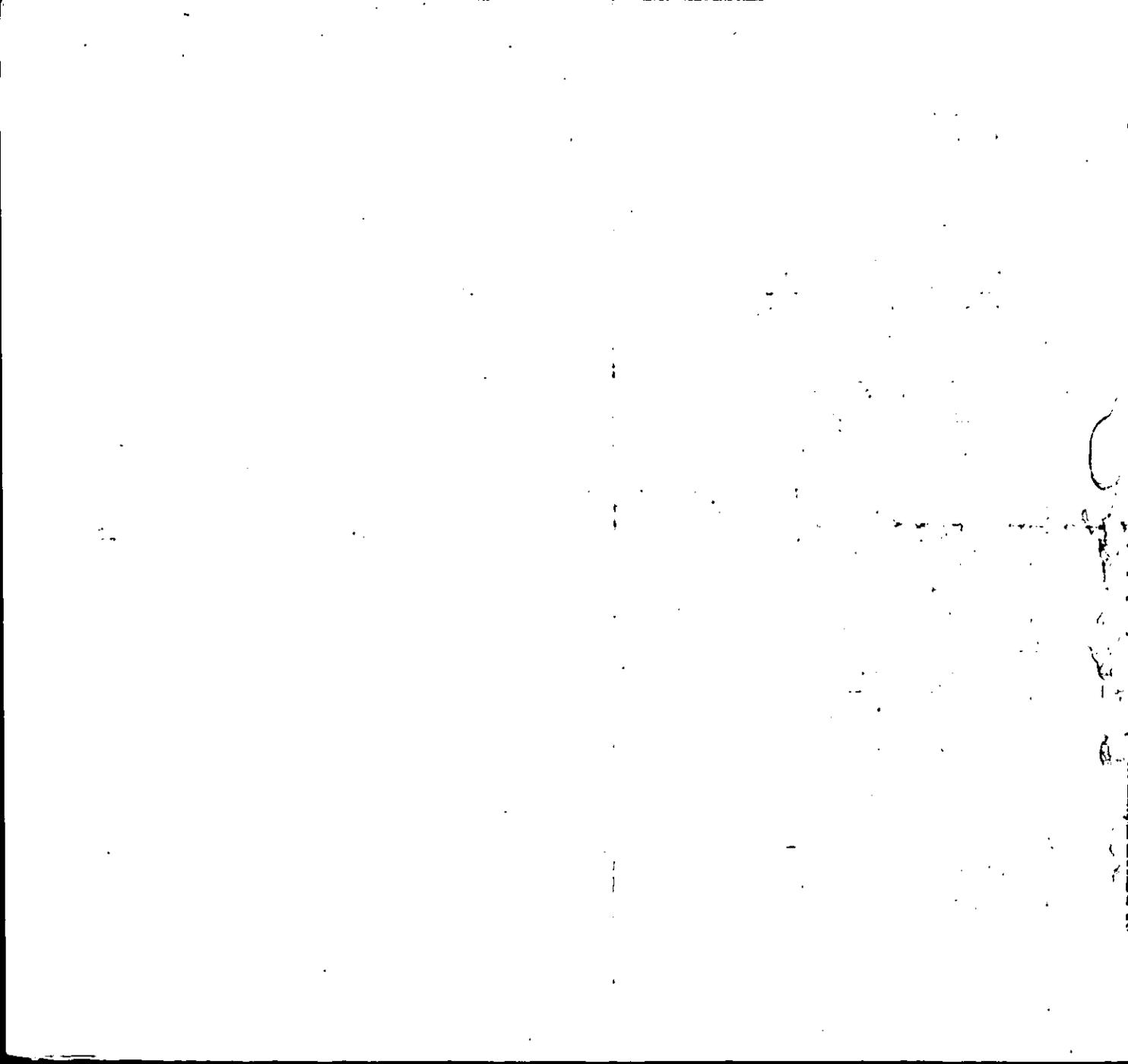
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED 1-7, 1938 Louise Smith  
Registrar.

(Signed) Ed. Buckley, M. D.  
(Address) La Plata Mo

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

61  
22



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

38168

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 532  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4318 Registered No. 10  
 (c) City Laplata (d) Street No. \_\_\_\_\_ S. 32 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Alexander Browning

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Parley Surelday Gentry

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1937 to Nov 1, 1937  
 I last saw him alive on Nov 1, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 1856

to have occurred on the date stated above, at 12:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 10 11

\* Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Acute Pneumonia  
chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) Liberty (STATE OR COUNTRY) Illinois

Other contributory causes of importance: \_\_\_\_\_

13. NAME Joshua Browning

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

15. MAIDEN NAME Halda M. White

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

17. INFORMANT (ADDRESS) Mrs. S. C. Browning  
La Plata Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry for me DATE Nov 3, 1937

19. FUNERAL DIRECTOR (ADDRESS) Heath Johnson  
Edison Mo

20. FILED Jan 7, 1938 Louis Smith  
Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) C. H. Buckley, M. D.  
 (Address) Laplata Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

COPY OF CERTIFICATE FROM COUNTY, BY MAIL TO THE

