

DEC 19 1938

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

39625  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467  
 (b) Township Aurora Primary Registration District No. 4280 Registered No. 66  
 (c) City Aurora (d) Street No. 833 McNatt Ave 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 Ethel Browning

(a) Residence, No. 833 McNatt Ave. 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

3. SEX Female 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 Ernest Browning  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 16-1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

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

FATHER 13. NAME John Bogle

14. BIRTHPLACE (CITY OR TOWN) Tenn,  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sally Hass

16. BIRTHPLACE (CITY OR TOWN) Tenn,  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Ernestine Wagnon.  
 (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo DATE Nov, 6 1938

19. FUNERAL DIRECTOR (NAME) J. F. King  
 (ADDRESS) Aurora Mo.

20. FILED Dec 2 1938 R. D. Cowan M.D  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1938, to Nov 4 1938  
 I last saw her alive on Nov 4 1938 Death is said to have occurred on the date stated above, at 12.50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset Nov 3-28

Other contributory causes of importance:

Myocarditis

2 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. Neil Smith, M. D.

(Address) 121 W. Pleasant Aurora Mo

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.

RECEIVED

District Health Officer No. 6;

District File Number 6-38-827

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Herman Surridge .....

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address AURORA Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.