

APR 19 1939

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

11378

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence(b) Township Springriver

(c) City

(d) Street No.

Registration District No. 475Primary Registration District No. 5639

Registered No. ....

(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 David Sherman Browning(a) Residence, No. R. D. VERONA, MO.

(Usual place of abode, if no street address, write county or city)

St. 

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Etta Dell Browning

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

May 26, 1868

7. AGE

YEARS

70

MONTHS

9

DAYS

17

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Life

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

Verona Missouri

FATHER

13. NAME Elijah Browning

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

Tennessee

MOTHER

15. MAIDEN NAME Elizabeth Jane Fly

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

Tennessee17. INFORMANT Jewell Browning Johnson  
(ADDRESS) Crane, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springriver Cemetery DATE Mar 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Wilks Funeral Home  
Verona, Mo.

20. FILED

4/5 1939A. Krudig  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July, 1936, to date, 1939.I last saw him alive on Mar 14, 1939 Death is saidto have occurred on the date stated above, at 10:30 A.M.

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

Uremia

Date of onset

Other contributory causes of importance:

Ch. encephalitis  
Ch. nephritisName of operation None Date of 9/0What test confirmed diagnosis? Chin + Lab Was there an autopsy? No

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

Accident, suicide, or homicide? No 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) R. Stovner, M. D.(Address) Aurora, Mo.

RECEIVED

District Health Officer No. 6

District File Number 6-39-773

Date Filed 4-10-39

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed M. D. Fossett.....

• Licensed Embalmer No. 2201.....

P. O. Address 1117 VE. 2201, W.D......

**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.**