

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

Do not use this space.

35306

1. PLACE OF DEATH
 35 County Duane Registration District No. 290
 Township Salmon Primary Registration District No. 5408
 City Smithton (No.) _____ St. _____ Ward _____

2. FULL NAME Coke Barahan Browning
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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.

File No. _____
 Registered No. 58-132
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF Miss Sadie P. Browning OR WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 7 _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store
 10. Date deceased last worked at this occupation (month and year) Oct 15, 1931 11. Total time (years) spent in this occupation 8 years
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn
 FATHER 13. NAME Robert M. Browning
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn
 MOTHER 15. MAIDEN NAME Mary Cassere
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn
 17. INFORMANT Mrs. Sadie P. Browning
 (ADDRESS) See of the No
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Smithton DATE Nov 25, 32
 19. UNDERTAKER M. D. Smith Co
 (ADDRESS) Smithton
 20. FILED 12/1 1932 A. Glenn Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Nov 23, 1932.
 I last saw him alive on Nov 21, 1932. Death is said to have occurred on the date stated above, at 7:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
Diabetes mellitus Duration not known
 Other contributory causes of importance: _____
 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) A. Glenn Davis, M. D.
 (Address) Smithton, Mo.

WRITE FULLY, 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.

NOV 9 1932