

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray
Township Patk
City Flanagan (No. _____) St. _____ Ward _____

Registration District No. 742
Primary Registration District No. 59770

File No. 46468
Registered No. _____

2. FULL NAME

George Browley

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Browley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1898</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	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) <u>Mo</u>		
FATHER	13. NAME <u>Wm Browley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Agnes Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (NAME AND ADDRESS) <u>Edwin Shivers</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flanagan</u> DATE <u>Dec 14 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Edwin Shivers</u>		
20. FILED <u>Jan 14 1937</u> <u>Edwin Shivers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Sent. 1937, to Dec 12, 1937
I last saw him alive on Dec 10, 1937. Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:
Epithelioma of skin of face with metastases to large intestine and colon. Date of onset 3 years ago
Generalized Arteriosclerosis years ago
Chronic Myocarditis (arteriosclerotic) years ago
Other contributory causes of importance:
Hypertrophic Nephritis years ago.
Brain Hemorrhage from Colon Dec 2, 1937

Name of operation none Date of _____
What test confirmed diagnosis? General 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. S. Golding, M. D.
(Address) Colo, 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.

