

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29084

1 PLACE OF DEATH

County MartinVet. Post. HelbleRegistration District No. 1082

File No. _____

Registered No. 89Ine. Town _____ Primary Registration District No. 2/35City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME James Browning

(a) Residence No. _____ St., _____ Ward. _____

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 Male 4 COLOR OR RACE White 5 Single Married
Married Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of Alta Browning
(or) Wife6 DATE OF BIRTH Sept 14 1892
(Month) (Day) (Year)7 AGE 27 yrs. 2 mos. 28 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Druggist
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Ky.
(State or country)PARENTS
10 NAME OF FATHER Robert A. Browning
11 BIRTHPLACE OF FATHER (city or town) W. Va.
(State or country)
12 MAIDEN NAME OF MOTHER Martha Sigler
13 BIRTHPLACE OF MOTHER (city or town) W. Va.
(State or country)14 (Informant) Charles Browning
(Address) Mason Ky.15 Filed 12-14 1927 A. L. Bradford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Dec 12, 1927, that I last saw him alive on Dec 10, 1927 and that death occurred on the date stated above at 1:30 p.m.
The CAUSE OF DEATH* was as follows:
DiseaseContributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED _____

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) C. G. Primm M. D.12/12/1927 (Address) Doctors & Dent 112

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Fairmont DATE OF BURIAL Dec 13 192720 UNDERTAKER Walter L. Masley ADDRESS Carter St.

MARKED KEYS FOR INDEXING

WRITE PLAINLY, 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. See instructions on back of certificate.