

COMMONWEALTH OF MASSACHUSETTS  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **19121**

1 PLACE OF DEATH

County **Worcester**Vot. Prec. **Brook Creek**

Inc. Town.....

City.....

Registration District No. **1093 1092**Primary Registration District No. **6525**

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Mrs Nancy Jane Browning**

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female**  
4 COLOR OR RACE **white**  
5 Single, Married, Widowed or Divorced (Write the word) **married**6 DATE OF BIRTH **June 3 1853**7 AGE **74 yrs. 2 mos. 24 ds.**8 OCCUPATION  
(a) Trade, profession or particular kind of work **House**  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) **Warren Co. N.Y.**

PARENTS

10 NAME OF FATHER **Blagden Hall**11 BIRTHPLACE OF FATHER (State or country) **N.Y.**12 MAIDEN NAME OF MOTHER **Winnit Hill**13 BIRTHPLACE OF MOTHER (State or country) **N.Y.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mrs Browning**(Address) **Russellville N.Y.**15 Filed **8/27/27** **C. B. Wickliffe**16 **Miss**

## MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH **Aug 27 1927**I HEREBY CERTIFY That I attended deceased **from July 16 1927 to Aug 26 1927**  
that I last saw her alive on **Aug 26 1927**  
and that death occurred on the date stated above at **5:30 p.m.**16 THE CAUSE OF DEATH was as follows:  
**Old Colic**

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) **M. D. Richardson** M. D.  
**Aug 27 1927** (Address) **Brook Creek**

(State the Cause of Death, or, in deaths from Violent Causes, (1) Manner of Injury; and (2) whether Accidental, Suicide, or Homicide.)

17 HOSPITAL OR RESIDENCE (For Hospitals, Institutions, Transients or Boarding Residents)  
at place in the  
of death yrs. mos. ds. State yrs. mos. ds.  
Where was disease contracted,if not at place of death?  
Former or usual residence18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
**Russellville N.Y.** **8/27 1927**19 UNDERTAKER ADDRESS  
**Mrs McDougal** **Greenfield**

MARGIN RESERVED 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. Each statement of OCCUPATION is very important. See instructions on back of certificate.