

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index - - - No. 207  
County Registrar's - No. 1432  
Local Registrar's - No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF DEATH**

1. County Maricopa District \_\_\_\_\_  
Town or City Phoenix No. 2115 West Van Buren St. Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME M. C. Browning  
(a) Residence. No. 2115 West Van Buren Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>12-19 1931</u>		
5a. If married, <del>husband</del> or divorced HUSBAND of <u>Eva M. Browning</u> (or) WIFE of _____				17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1931</u> to <u>Dec 19 1931</u> and that I last saw him alive on <u>Dec 19 1931</u> and that death occurred, on the date stated above, at _____ THE CAUSE OF DEATH* was as follows: <u>Cancer of lip tongue &amp; throat</u>		
6. DATE OF BIRTH (month, day and year) <u>April 30 1878</u>				18. Where was disease contracted if not at place of death? <u>Illness preceded death?</u> <u>yes</u> Date of <u>July 1929</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? (Signed) <u>B. B. Meyer</u> M. D. <u>Dec 19 1931</u> (Address) <u>Tempe</u> * 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.)		
7. AGE <u>53</u>		Years <u>1878</u>	Months <u>April</u>	Days <u>30</u>	CONTRIBUTORY (duration) <u>2 yrs. mos. ds.</u> <u>Injury to lip</u> (duration) yrs. mos. ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mechanic</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Cotton Ginning</u> (c) Name of employer <u>Midwest Cotton Co.</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Med. Crey</u> DATE OF BURIAL <u>12-21-31</u>		
9. BIRTHPLACE (city or town) (State or country) <u>Shell City Missouri</u>				20. UNDERTAKER <u>Medaunum</u> ADDRESS _____		
10. NAME OF FATHER _____				14. Informant (Address) _____		
11. BIRTHPLACE OF FATHER (city or town) (State or country) _____				15. Filed _____, 19 _____ Filed <u>Dec 1931</u> Local Registrar. <u>T. B. Roney</u> County Registrar.		
12. MAIDEN NAME OF MOTHER <u>Howard</u>				V. S. No. 1		
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Missouri</u>						