2503

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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 20

Registered No.

1. PLACE OF DEATH

County Cochise State ARIZONA

Township or Village or

City Willcox, No. St., Ward

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James-Napolian Browning How long in State where death occurred? 25 yrs. mos. ds.

(a) Residence: No. Willcox, St., Ward.

(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Bell Browning

6. DATE OF BIRTH (month, day, and year): Nov. 29 1871

7. AGE: Years 67 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

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): Ft. Griffin Texas.

FATHER

13. NAME: Joseph A. Browning

14. BIRTHPLACE (city or town) (State or Country): Ark.

MOTHER

15. MAIDEN NAME: Angelene McCarty

16. BIRTHPLACE (city or town) (State or Country): Unknown

17. INFORMANT: J. E. Browning (Address): Willcox, Ariz.

18. BURIAL, CREMATION, OR REMOVAL. Place: Willcox, Ariz. Date: 11/7/39 19

19. EMBALMER: License No. 199 Signature: Frank W. Pettman

FUNERAL DIRECTOR: Frank W. Pettman

Address: Willcox, Ariz.

20. Filed: 12/4 19 39 J. E. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Nov 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1939 to Nov. 5, 1939. 19

I last saw him alive on Nov. 5, 1939; death is said to have occurred on the date stated above, at 4:00A.m.

The principal cause of death and related causes of importance were as follows:

Heart-blocked

Date of Onset

Other contributory causes of importance:

Myocarditis, and flu.

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) R. E. Bracey, M. D.

(Address) Willcox, Arizona.

10M—7-20-37—Sims—Form 3—100% RAG

Back of Certificate to be used for any Additional Information