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

Do not use this space.

23754

File No. .....

Registered No. 99

1. PLACE OF DEATH

County Cemiscot Registration District No. 651

Township Little Prairie Primary Registration District No. 5-862

City ~~Caruthersville, Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Owen Bray Jr.

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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
male	white	Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Near Braggadocia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Owen Bray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Minila Marie Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Route 1 Caruthersville
(STATE OR COUNTRY) Missouri

14. INFORMANT Charley Neeley
(Address) Caruthersville Mo

15. FILED Aug 1, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 2 PM 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14 ~~20~~, 1930, to July 13, 1930, that I last saw him alive on July 14, 1930, and that death occurred, on the date stated above, at 2 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

It had convulsions from Birth, it was a Premature baby 157 (duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Premature born from birth

Sick (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? C

DID AN OPERATION PRECEDE DEATH? ..... DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. R. Cut Cins, M. D.

July 14, 1930 (Address) Caruthersville

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Prairie Cemetary

DATE OF BURIAL July 14 1930

20. UNDERTAKER J. L. La Forge

ADDRESS Caruthersville 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.

26 1930