1933

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

Do not use this space.

46610

1. PLACE OF DEATH
County Maries
Township Jefferson
City (No. St. Ward)

Registration District No. 54
Primary Registration District No. 5...

File No.
Registered No.

2. FULL NAME Edward Lowe Bray

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12, 1924

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 8 | 7 | 23 | |

OCCUPATION

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

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) Belle, Mo

FATHER

13. NAME Albert Bray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paydown, Mo

MOTHER

15. MAIDEN NAME Grace Olive Lowe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Gate, Mo

17. INFORMANT Albert Bray (ADDRESS) Belle, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cemetery DATE Dec 7, 1932

19. UNDERTAKER S. G. Licklider (ADDRESS) Belle, Mo

20. FILED Feb 10, 1933 Lessaro Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to Dec 5, 1932

I last saw him alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

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

Tumor of Brain — Date of onset: Nov 1931

53 550

Other contributory causes of importance:
Had him to Dr. Gay of St Louis
X-ray Confirmed Diagnosis

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? No

If so, specify

(Signed) William H. Breuer, M. D.

(Address) St James, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD