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. Exact statement of OCCUPATION is very important.

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

SEP 20 1934

Do not use this space.

29553

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29553
Township Kaw — Primary Registration District No. 1002 — Registered No. 3972
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME James E Bray
(a) Residence, No. 3105 Penn 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Annie G Bray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23 1867

7. AGE: Years 67 — Months 4 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wilson Packing Co
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage Missouri

FATHER
13. NAME: Dennis D Bray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ellen Hendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): James E Bray 3105 Penn

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Kans via auto DATE Aug 28 1934

19. UNDERTAKER (ADDRESS): Quirk & Tobin 20 West Linwood

20. FILED 8/27 1934 M. M. Browne Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/26/34, 19

22. I HEREBY CERTIFY: That I attended deceased from ....19.... to ....19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 5:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phenol poisoning	
195	
179	
Other contributory causes of importance:	49
no	

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Do not know Date of injury 8/23/34
Where did injury occur? Penn Valley Park Kans (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Drank Carbolic acid
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address)