

MAY 29 1935

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

Do not use this space.

13402

1. PLACE OF DEATH

County Lafayette Registration District No. 465
Township Madison Primary Registration District No. 4278
City Waverly (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

William Lewis 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1840
7. AGE YEARS 94 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Silers City, N. C.13. NAME Nathan Bray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Marcella F. Brown (ADDRESS) Waverly, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly DATE Apr. 26 193519. UNDERTAKER Seebury Mortuary (ADDRESS) Marshall, Mo.20. FILED April 26, 1935 Mr. Harry Glasebrook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 193522. I HEREBY CERTIFY, That I attended deceased from 4-14, 1935, to 4-24, 1935I last saw him alive on 4-24, 1935. Death is saidto have occurred on the date stated above, at 9 P m.

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

ApoplexyDate of onset
4-14-35

Other contributory causes of importance:

Arterio sclerosis2 yrs

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) Geo. A. Kelling, M. D.(Address) Waverly 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.

