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.

JUL 27 1935

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

Do not use this space.

21727

1. PLACE OF DEATH

County St. Louis — Registration District No. ~~Missouri~~ 1123 — File No.

Township Jefferson Barracks, Mo — Primary Registration District No. 6248B — Registered No. 200

City ^ (No. Veterans Hospital St. Ward)

2. FULL NAME Charles E. BRAY

(a) Residence, No. 405 Pine Street St., Ward. Rolla, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. wnds. 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: Mabel Bray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 29, 1892

7. AGE: YEARS 42 — MONTHS 5 — 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.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: all his life

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

FATHER

13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

MOTHER

15. MAIDEN NAME: Ellen = (Unavailable)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

17. INFORMANT (ADDRESS): W. C. Gibson, M. D. Vet. Adm. Facility, Jeff. Brks., Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla, Mo. DATE 6-7 19

19. UNDERTAKER (ADDRESS): C. Hoffmeister Und. & Livery Co. 7814 S. Broadway, St. Louis, Mo.

20. FILED June 6, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1935 to June 5, 1935

I last saw him alive on June 5, 1935 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

	Date of onset
Carcinoma of stomach	Unkn.

Other contributory causes of importance: None.

Name of operation None Date of

What test confirmed diagnosis? Physical exam. clinical manifestations and laboratory findings. Was there an autopsy? No

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) W. C. Gibson, M.D. Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.