

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

Do not use this space.

27427

SEP 26 1935

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
 Townships St. Francois Primary Registration District No. 6018A  
 City St. Francois (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7 - 1907</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	
		Days <u>20</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>near Farmington, Mo.</u>		
FATHER	13. NAME <u>Mr. John F. Bray</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Tennessee Bell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
17. INFORMANT <u>Mr. J. W. Bray (Brother)</u> (ADDRESS) <u>Farmington, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park View</u> DATE <u>Aug 24</u> 19 <u>35</u>		
19. UNDERTAKER <u>Alvin W. Hood</u> (ADDRESS) <u>Lead River - Mo.</u>		
20. FILED <u>Aug 24, 1935</u> <u>V. S. Robinson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from child an infant on deceased \_\_\_\_\_, 19\_\_\_\_  
 I attended \_\_\_\_\_ on Aug. 22, 1935. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Jury's Verdict - Death as the result of a blow inflicted at the hands of Fred Beath causing him to fall and striking the pavement and injuring the base of his skull

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_

(Signed) Eleanora Prince  
 (Address) Care of St. Francois County Farmington, 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.

THIS IS A PERMANENT RECORD

## ROY BRAY INJURED IN FIGHT TUESDAY NIGHT

Roy Bray, 29, son of John Bray, and living some four miles south of Farmington, was rather seriously injured late Tuesday night during a scuffle with Fred Scott of the Electric Place. The fight took place in front of the Farmington Mercantile, about eleven o'clock in the evening.

There is no accurate report of just what happened. It is said that Bray, Scott, and two other young men were together and that Scott suddenly swung his fist at Bray, knocking him down, with his head striking the pavement. Bray suffered an injured jaw, a gash on the head, and a fractured skull. After emergency treatment he was taken home where he is reported to be in a rather serious condition. Scott left the scene immediately. He has not been arrested as the officers are awaiting the outcome of Bray's injuries.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS CARD AND NOT ON THE APPY

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City (No. ....) (No. ....)

Registration District No. 273  
Primary Registration District No. 6018A

File No. ....  
Registered No. 117 St. .... Ward)

2. FULL NAME

Roy Bray

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1-day, hrs. or min. 25 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookbinder, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Oct 21, 1935 J. S. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Death result of blow inflicted at the hands of medical student causing him to fall and striking the pavement injuring the base of his skull.

Other contributory causes of importance:

I would say Homicidal

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) Eleanor Province, M. D. (Address) Cor. St. Francois Co

OCT 19 1935

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