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.

APR 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jasper Co. Registration District No. 411 File No. 15632
Township Primary Registration District No. 2007 Registered No.
City Joplin Mo. (No. Freeman Hospital Ward)

2. FULL NAME Bray, Mr. Pat
(a) Residence, No. Treece, Kansas Ward. Treece, Kan.
(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 M
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 Pearl Bray
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1899
7. AGE YEARS 36 MONTHS 6 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable
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) Smithville, Mo.

FATHER
13. NAME Earl Bray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ecosthice, Kans

MOTHER
15. MAIDEN NAME Eva Lyerda, Decatur Ill.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Pearl Bray.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Picher, Okla. DATE 4-2 1936
19. UNDERTAKER (ADDRESS) Hurst Funeral Home Picher Okla.
20. FILED 4-2 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1936.
22. I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1936, to April 2nd, 1936
I last saw him alive on April 1st, 1936 Death is said to have occurred on the date stated above, at 7:10 m.
The principal cause of death and related causes of importance were as follows:
Endocarditis, Acute — Date of onset
9/A2
Other contributory causes of importance:
Staphylococcus septicemia (Extraction teeth Oct-1935)
Name of operation Blood culture 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) B. Ehle Stan, M. D.
(Address) Joplin Mo.