

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

**29066**  
 Do not use this space.

REC'D SEP 23 1938

**1. PLACE OF DEATH**

(a) County Howell Registration District No. 384  
 (b) Township Howell Primary Registration District No. 55351 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** JAMES TILMAN BRAY

(a) Residence, No. West Plains, Mo. Lebo Rt. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie E. Green  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1880  
 7. AGE YEARS 57 MONTHS 11 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) West Plains, (STATE OR COUNTRY) Missouri.

13. NAME James K. P. Bray

14. BIRTHPLACE (CITY OR TOWN) Louisville, (STATE OR COUNTRY) Ky.

15. MAIDEN NAME America Davis

16. BIRTHPLACE (CITY OR TOWN) West Plains, (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Maggie E. Bray. (ADDRESS) West Plains, Mo. Lebo Rt.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. PLACE West Plains, Mo DATE Aug. 27, 1938

19. FUNERAL DIRECTOR Thornburgh Funeral Home (ADDRESS) West Plains, Mo.

20. FILED 8-25-1938 V. D. W. SIMONS Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/31/38, 19\_\_\_\_, to Aug. 24th, 19\_\_\_\_.

I last saw h. in alive on Aug. 11, 1938. Death is said to have occurred on the date stated above, at 4:30P. m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis, Pulm. Chr. Undetermined.

Other contributory causes of importance: None.

Name of operation None. Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical. 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) W. D. W. SIMONS, M. D.  
 (Address) West Plains, 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.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**