

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

Do not use this space.

24157

1. PLACE OF DEATH

County Registration District No. 79L
Township Primary Registration District No. 79L
City St. Louis (No. 4719 Westminster Pl) St. Ward) 12

File No.
Registered No. 6245

2. FULL NAME

(a) Residence, No. 4719 Westminster St., 12 Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cardie-Boyle

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) Opafaula Ala

13. NAME Nathan M. Bray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn

15. MAIDEN NAME Kate Wells

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

17. INFORMANT Howard W. Anderson
(ADDRESS) 4719 Westminster

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City DATE July 6 1932

19. UNDERTAKER Wagon
(ADDRESS) 3621 Oak St.

20. FILED JUL -6 1932 Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29 1932, to July 5 1932

I last saw him alive on July 5 1932. Death is said to have occurred on the date stated above, at 3 p. m.

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

Subacute endocarditis Date of onset Feb. '32

93C

91A

Other contributory causes of importance: 93C

Chronic myocarditis

Name of operation none Date of

What test confirmed diagnosis? blood culture 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) Albert E. Tausig M. D.

(Address) 2720 Washington

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.

RECEIVED WITH ON-PAGING INK—THIS IS A PERMANENT RECORD

