

FEB 11 1936

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

Do not use this space.

3807

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1069
City St. Louis (No. 690) St. Kirgals Highway Barnes Hosp.

File No.
Registered No. 1069

2. FULL NAME

Virgil Ray Braymes
(a) Residence, No. St. N.P. Ward. Nebo Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred - yrs. - mos. 14 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Braymes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1899</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
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. <u>General Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1934</u>	11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pearl, Illinois</u>		
FATHER	13. NAME <u>John Braymes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pearl, Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Dora Pearock</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County, Illinois</u>	
17. INFORMANT <u>Pearl Braymes</u> (ADDRESS) <u>Nebo Ill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nebo, Ill</u> DATE <u>Jan. 31, 1936</u> <u>Hunter Veterinary</u>		
19. UNDERTAKER <u>Robert H. Strepper</u> (ADDRESS) <u>2521 Edwards St. - St. Louis</u>		
20. FILED <u>JAN 29 1936</u> <u>J. F. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 1-29, 1936
I last saw him alive on 1-29, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Jacksonian Epilepsy
Brain tumor (?)
Type not known 87%
Other contributory causes of importance:
Broncho pneumonia, terminal

Name of operation Craniotomy Date of 1-24-36
What test confirmed diagnosis? Op 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 E. M. Bricken, M. D.
(Signed) E. M. Bricken
(Address) Barnes Hospital

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.

WRITE CAREFULLY WITH OUTFACING INK—THIS IS A PERMANENT RECORD

