

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

Do not use this space.

21473

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1002 Registered No. 2821
 City Kansas City (No. 3612 Paseo) St. _____ Ward _____

2. FULL NAME Joseph Henry Brady
 (a) Residence No. 3612 Paseo St. 13 Ward _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Linnie C. Brady

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 0 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Engineer Board of Education
 (b) General nature of industry, business, or establishment in which employed (or employer) Education
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Savannah
 (STATE OR COUNTRY) Georgia

10. NAME OF FATHER John Brady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
 (STATE OR COUNTRY)

14. INFORMANT Jose H. Brady, Jr.
 (Address) 3612 Paseo

15. FILED 7/17, 1927 M.M. Croome
 REGISTRAR act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1926

17. I HEREBY CERTIFY, That I attended deceased from July 15 1926, to July 16 1926, that I last saw him alive on July 16 1926, and that death occurred, on the date stated above, at 10:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8211
Cerebral Hemorrhage
 CONTRIBUTORY (SECONDARY) 7401 mos. 3 da.
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Positive findings
 (Signed) Osborne, M. D.

7/17, 1927 (Address) 420 Chamber Bet.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edenwood Cemetery DATE OF BURIAL 7-18-1927

20. UNDERTAKER Stine & McChure ADDRESS 924 Oak

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

420 Chambers St