

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.

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

Do not use this space.

26308

1. PLACE OF DEATH

County Lincoln
Towship Scott
City Nevada Mo (No. _____)

Registration District No. 875
Primary Registration District No. 3034

File No. _____
Registered No. 146 St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. 1922 N. Main St. 4 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. R.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
72 8 7

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

9. BIRTHPLACE (CITY OR TOWN) Alto
(STATE OR COUNTRY) _____

10. NAME OF FATHER John Brady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Idaho
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Elyse Nevada

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Idaho
(STATE OR COUNTRY) _____

14. INFORMANT Ms. E. M. Jones
(Address) Nevada Mo

15. FILED 9/2 1926 R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3-1927

17. I HEREBY CERTIFY That I attended deceased from 7-28 1927 to 8-3-1927 (that I last saw h. w. alive on 8-3-1927, and that death occurred, on the date stated above, at 3:30 PM.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
80%
74 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
WAS THERE AN AUTOPSY. _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. Harwick, M. D.
4, 1927 (Address) Nevada Mo

*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 North Chapel Cemetery DATE OF BURIAL 5-1927
20. UNDERTAKER Henry Funeral Home Nevada Mo ADDRESS _____

