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

Do not use this space.

42320

1. PLACE OF DEATH
County St. Louis — Registration District No. 785
Township So. Kirkwood — Primary Registration District No. 3037
City — (No. So. Kirkwood St. ... Ward)
File No.
Registered No. 236

2. FULL NAME Kenneth Brady
(a) Residence. No. So. Kirkwood St., ... Ward.
(Usual place of abode) (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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 24th 1924

7. AGE: Years 4 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Levi Brady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Allene Spears.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Levi Brady
(Address) So Kirkwood Mo.

15. FILED 12/10 1928 C. E. Barnett M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, to Nov. 30, 1928, to ..., 19..., that I last saw him alive on Nov. 30 6 A., 1928, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
An Acute Yellow Atrophy of the Liver 12.5 A
120 11.5 A
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Acute Follicular Tonsilitis with peritonsilar abscesses (duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Stethoscopic
(Signed) Jas M Bracy, M. D
, 19 (Address) 3410 Franklin Ave.

*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: Father Dickson
DATE OF BURIAL: 12-4 1928

20. UNDERTAKER: Gates
ADDRESS: 4107 Finney Ave.

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.