SEP 22 1930

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

Do not use this space.

85

25942

File No.

Registered No. 937

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St. Joseph, (No. , St. Ward)

2. FULL NAME John Henry Brady.

(a) Residence. No. 102 E. Elk St. 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. 20 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1928.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	1	8	25	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Ralph Brady

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Troy
(STATE OR COUNTRY) Kas.

12. MAIDEN NAME OF MOTHER Della Bales

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Agency
(STATE OR COUNTRY) Mo.

14. INFORMANT Ralph Brady
(Address) 102 E. Elk St. St/Joseph, Mo.

15. FILED 8-16, 1930. John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 13 1930, to Aug. 13 1930, that I last saw him alive on 13 Aug 1930, and that death occurred, on the date stated above, at 9 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteritis, Acute, with Exhaustion of Child
Mother died of Puerperal Sepsis
Has not been pertinent: I [illegible]
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) No Child this day [illegible]
Alburetis
(duration) yrs. mos. ds.

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? Clinical
(Signed) [illegible], M. D.
8-13, 1930 (Address) St Joseph 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 Ashland Cemetery.

DATE OF BURIAL Aug. 15, 1930.

20. UNDERTAKER Fred A. Clark

ADDRESS [illegible] King [illegible] AV.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 17 '90