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.

SEP 21 1931

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

Do not use this space.

27596

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 868

City St Joseph (No. 1320 south 15 street St. Ward)

2. FULL NAME James Brady

(a) Residence, No. 1320 south 15 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1851

7. AGE — YEARS: 80 — MONTHS: 2 — DAYS: 0 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stationary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer-City Light Co.
10. Date deceased last worked at this occupation (month and year) 1914
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kilebag Co. Donegal Ireland

FATHER

13. NAME Charles Brady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Ireland~~ Unknown Ireland

MOTHER

15. MAIDEN NAME Mary Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Miss Kate Brady (ADDRESS) 1320 So. 15 St.-St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Aug. 19 1931

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union st. St Joseph Missouri.

20. FILED 8-18-31, 19 John R. Bender Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 - 1931, to Aug 17 -, 1931
I last saw him alive on Aug. 17, 1931. Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Endocarditis | Unknown |
| Arteriosclerosis General | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — 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? no
If so, specify —
(Signed) Ay E Bingham M.D.
(Address) St Joseph Mo