

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

Do not use this space.

9302

1. PLACE OF DEATH

68 County Monteau  
1 Township Walden  
2 City California (No. .... St. .... Ward)

Registration District No. 571  
Primary Registration District No. 4335

File No. ....  
Registered No. 14

2. FULL NAME Lelia Ann Brady

(a) Residence, No. .... 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

FATHER 13. NAME George William

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo

MOTHER 15. MAIDEN NAME Martha Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

17. INFORMANT James Brady  
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3/21 1932

19. UNDERTAKER William & Friedmeyer  
(ADDRESS) California Mo

20. FILED 3-19-1932 Gas. W. Roth  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932, to March 19 1932

I last saw her alive on March 19 1932. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Impaction and infection  
2 B  
22 B  
20 B  
Other contributory causes of importance:  
Cerebral Ecchymosis  
Date of onset 3/14/32

Name of operation none Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Edgar A. Feltz, M. D.  
(Address) California

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.

APR 28 1932

