

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

Do not use this space.

37280

**1. PLACE OF DEATH**

County ..... Registration District No. *7902*  
Township ..... Primary Registration District No. *90003*  
City ..... (No. *1441*, *St Louis Ave*)

File No. ....  
Registered No. **9907**  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. *1441 St Louis St*, *26* 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Brady</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 17 - 1859</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>3</i>
	DAYS <i>20</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Handy Man</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Union Pl. L.P.O.</i>	
	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) <i>Pollo Mo</i>		
MOTHER / FATHER	13. NAME <i>Charles Brady</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland 15</i>	
	15. MAIDEN NAME <i>Katherine Clark</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT <i>Mary Brady</i> (ADDRESS) <i>1441 St Louis Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Labony</i> DATE <i>Nov 10 a.m. 1932</i>		
19. UNDERTAKER <i>Benedict Nicholas</i> (ADDRESS) <i>1441 St Louis Ave</i>		
20. FILED <i>NOV -9 1932</i> <i>W. H. E. Stanton</i> Registrar.		

**A MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 7* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *July* 19*32* to *Nov 7* 19*32*  
I last saw h. a. alive on *Nov 6* 19*32* Death is said to have occurred on the date stated above, at *12:30 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Lobar Pneumonia, Chronic Hepatitis, Senility*  
Date of onset *Nov 2/32*

108  
131  
82 FT

Other contributory causes of importance  
*aspects of Senility*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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?  
If so, specify *Chronic Hepatitis & Senility*  
(Signed) ..... M. D.  
(Address) *1901 Washington*

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.

