

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

Do not use this space.

38807

1. PLACE OF DEATH  
 17 County Carroll Registration District No. 137  
 5 Township Halcyon Primary Registration District No. 4077  
 3 City Halcyon (No. ....) St. .... Ward ....  
 2. FULL NAME Constantin 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.

File No. ....  
 Registered No. 19

JAN 22 1933

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1848  
 7. AGE YEARS 84 MONTHS 10 DAYS 5 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) Indiana

MOTHER FATHER  
 13. NAME Aaron Brady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Hanna Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Wm. Brady  
State Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State DATE Dec 27, 1932

19. UNDERTAKER (ADDRESS) Group of Slates  
State Mo.

20. FILED Dec 26, 1932 WPKemp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 25, 1932  
 I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 1 p. m.  
 The principal cause of death and related causes of importance were as follows:

Grip  
HB HB  
 Other contributory causes of importance: (D)

Date of onset  
12-23-32

23. 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? Y  
 If so, specify .....  
 (Signed) WPKemp, M. D.  
 (Address) Halcyon

MARGIN RESERVED FOR BINDING

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.

