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.

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

Do not use this space.

10056

APR 24 1933

50

1. PLACE OF DEATH
County Jefferson — Registration District No. 423 — File No. 10
Township 11 Rock — Primary Registration District No. 6878 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hugh J Brady
(a) Residence, No. Kimmswick St. Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
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 — Mathilde Brady
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1850
7. AGE: YEARS 81 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 13
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Bryant Brady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mathilde Brady
18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cong E DATE 3/16 1933
19. UNDERTAKER (ADDRESS) J J Ziegenhein & Sons 7027 Thrasher
20. FILED 3/14 1933 H Wm Ebel Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 14, 1933
22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1933 to Mch 14, 1933
I last saw him alive on Mch 14, 1933. Death is said to have occurred on the date stated above, at 8 15/ m.
The principal cause of death and related causes of importance were as follows:
acute indigestion with uremic poisin 13 Date of onset
Other contributory causes of importance: age & mentality

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? —
If so, specify .....
(Signed) W W Kull, M. D.
(Address) Sulphur Springs Mo