

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 736
Township Rock Prairie Primary Registration District No. 5371
City (No.) Ward

19290

File No. 7
Registered No. 7

2. FULL NAME

John Allen Brady
(a) Residence No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Brady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 23 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 26

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

13. NAME John Brady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vergennes

15. MAIDEN NAME Annitta Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Ethel Brady

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rehoboth DATE 6-20 1933

19. UNDERTAKER (ADDRESS) Barker & Wheeler

20. FILED 6/20 1933 W R Kelly

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun 19, 1933

22. I HEREBY CERTIFY That I attended deceased from Jun 10 1933 to Jun 19 1933
I last saw him alive on Jun 10 - 1933 Death is said to have occurred on the date stated above, at 5 P. M.

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

Cancer of Stomach Date of onset

Other contributory causes of importance:

Name of operation rem 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 6-19, 1933

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) W. R. Kelly, M. D.
(Address) Everson, Mo

