

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

Do not use this space.

1. PLACE OF DEATH

82 County Pike Registration District No. 689
 5 Township Buffalo Primary Registration District No. 3033
 4 City Louisiana (No. 615 Va St. _____ Ward _____)

File No. 27324
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Robert Dean Brady
 (a) Residence, No. 615 Va 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/9-33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7

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

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) Louisiana Mo

13. NAME Wm M Brady

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearle Ill

15. MAIDEN NAME Edith Guyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Creek Colo

17. INFORMANT (ADDRESS) Wm M Brady Mo Louisiana

18. BURIAL, CREMATION, OR REMOVAL PLACE River View DATE 8/16 33

19. UNDERTAKER (ADDRESS) W. H. Hays Mo Louisiana

20. FILED 8/16 1933 W. H. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1933, to 8/16 1933.

I last saw him alive on 8/16 1933. Death is said

to have occurred on the date stated above, at 3:30 m.

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

Cerebral Hemorrhage Date of onset 8/9/33

1601

Other contributory causes of importance:

Birth Injury 8/9/33

Name of operation None. No forceps used Date of _____

What test confirmed diagnosis? Clinical 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) Robert L. Studer M. D.

(Address) Louisiana Mo

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.

SEP 26 1933

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