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.

FEB 25 1937

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

Do not use this space.

1540

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 8

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Baby Brady

(a) Residence, No. 1113 E. 11th 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: F
4. COLOR OR RACE: W
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): Jan. 20-37

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 3 hrs. or 7 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Kansas City Mo

FATHER

13. NAME: Harry Brady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Kan

MOTHER

15. MAIDEN NAME: Helen Lorton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

17. INFORMANT (ADDRESS): Harry Brady 1113 E. 11th Street

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Lawrence, Kansas DATE 1-20-1937

19. UNDERTAKER (ADDRESS): Kimmy Bros. Lawrence, Kansas

20. FILED Jan 20, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 - 2 30 am, 1936, to Jan 26 - 5 30 am, 1936
I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 5 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	

Other contributory causes of importance:
7 mo gestation
premature birth

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 .....
(Signed) DF Hogan, M. D.
(Address) 416 Argyle Bldg