SEP

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

Do not use this space.

1. PLACE OF DEATH

27 County COOPER 2 Registration District No. 218 File No. 30510

Township Primary Registration District No. 3015 Registered No. 82

2 City BOONVILLE (No. 1 St. Ward)

4 2. FULL NAME SARAH ELIZABETH BRADY

(a) Residence, No. 1207 MAIN St., 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF T. W. BRADY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 25 - 1856

7. AGE 35 YEARS 81 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) MONITEAU COUNTY

FATHER
13. NAME WM McCLANNAHAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY

MOTHER
15. MAIDEN NAME KIZARA RYMEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY

17. INFORMANT (ADDRESS) MRS JAMES FORD BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Copp's CHAPEL DATE Sept 5 1937

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE MO.

20. FILED Sept 4 1937 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3rd, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to Sept. 3rd, 1937
I last saw her alive on Sept. 8 nd, 1937. Death is said to have occurred on the date stated above, at 7:40 pm.
The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset

Other contributory causes of importance: 2a!

Name of operation 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? NO
If so, specify
(Signed) R. L. Evans, M. D.
(Address) Boonville 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.

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