

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

1551
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 239
 (c) City Kansas City, Mo. (d) Street No. 110 E. 33rd, Str., City St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Brady, 180

(a) Residence, No. 110 East 33rd, Str., City St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leah Brady
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1852
 7. AGE YEARS 85 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16th, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 1938, 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... 8:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic hepatitis Date of onset 1/21
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy? Yes
 23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city, 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? 4
 If so, specify.....
 (Signed) W. J. Brown M. D.
 (Address) 38 M. M. Brown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 13. NAME No Record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT C.C. Brady, 110 E. 33rd, Str., Kansas City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan. 18th, 1938
 19. FUNERAL DIRECTOR Wagner-Funkel-Horne (ADDRESS) Kansas City, Missouri.
 20. FILED Jan 17 19..... 38 M. M. Brown Local Registrar.

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.

RECEIVED

FEB 12 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)