

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 85

1701  
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 1001  
(b) Township ST. JOSEPH Primary Registration District No. 1001 Registered No. 99  
(c) City ST. JOSEPH (d) Street No. 1009 1/2 - No - 3, RD. St. RD.  
(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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

630 ANNA - BRADY  
(a) Residence, No. 1009 1/2 NORTH 3rd. 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 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 J. M. Brady  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 11 6  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) abt June 1931 11. Total time (years) spent in this occupation 40  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn  
13. NAME Do Not Know  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know  
15. MAIDEN NAME Do Not Know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know  
17. INFORMANT (ADDRESS) Mrs Bertha Sultzer St Joseph W. Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Feb 1, 39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stoney, Funeral Home St Joseph Mo.  
20. FILED Jan 31, 1939 H. J. Nestelbusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1939 to Jan. 30, 1939  
I last saw her alive on Jan. 29, 1939 Death is said to have occurred on the date stated above, at 6:15 A.M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia - bronchial  
Other contributory causes of importance:  
Stenoplegia (r.) antcipit sclerosis & hypertension  
Name of operation None Date of 1932  
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? None Date of injury None, 19 None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify S. T. Bloomer, M.D.  
(Signed) S. T. Bloomer (Address) 1218 N. 3rd

Date of onset 1/26/39  
1932  
?

U. S. - 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

11  
5  
7

1072

MOBILE CEMETERY EXHIBITION 10100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me myself

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed John R. Slattery  
Licensed Embalmer No. 2435

P. O. Address St Joseph Ave

**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.)**

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

1701  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township St Joseph Primary Registration District No. 1201 Registered No. 99  
 (c) City St Joseph (d) Street No. \_\_\_\_\_ 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 Anna Brady

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 11 6

Pneumonia Bronchial

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

Cerebral hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:  
Hemiplegia - Arterio Sclerosis - Hypertension

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19...

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) A. T. Bloomer, M. D.

(Address) 1218 N. 30th St. St Joseph Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED. Exact statement of OCCUPATION is very important.

Local Registrar.

