

REC'D MAY 10 1939

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

14074

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Free Primary Registration District No. 1002 Registered No. 1828
(c) City Jackson City (d) Street No. 1226 Harrison 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

(a) Residence, No. 1226 Harrison 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Ruth Brady</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 21, 1879</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Bar tender</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Pres. Hotel</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1 1/2</u>	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	13. NAME <u>Unknown Brady</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mr. Grace Chambers 2928 Bayford Denver Colo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>April 2 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. M. DeBeconier's 2111 Brushcreek + Passes</u>		
20. FILED <u>May 2 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939, to April 30 1939.
I last saw him alive on April 29 1939. Death is said to have occurred on the date stated above, at 5:20 p. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
ASV

Other contributory causes of importance:
Myocardial Heart disease
Pulmonary Edema

Name of operation none 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 Coronary P. Disease, M. D.
(Signed) K. C. H. M.D.
(Address) 1010 Park Bldg. K. C. Mo.

Date of onset
4-28-39Date of onset
4-28-39

10-12-1300-430

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,

....., or by

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

Signed.....

C. Hervey Guisenbers

Licensed Embalmer No.

4070

P. O. Address.....

Kansas City, Mo

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.