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

Do not use this space.

12347

MAY 28 1927

1. PLACE OF DEATH
County Linn — Registration District No. 496
Township ... — Primary Registration District No. 3025
City Brookfield (No. Brookfield Hospital) — File No. ... Registered No. 30
St. ... Ward)

2. FULL NAME David Cady

(a) Residence. No. ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Ada M. Cady

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 1 1849

7. AGE — YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
77	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): General Farming
(c) Name of employer: ...

9. BIRTHPLACE (CITY OR TOWN) Linn County
(STATE OR COUNTRY) Oregon

PARENTS

10. NAME OF FATHER Thomas Cady
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... (STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Elizabeth Mechanic
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ... (STATE OR COUNTRY) Indiana

14. INFORMANT Ada M. Cady (Address) Meadville Mo

15. FILED 4/25 1927 Thos E Shore REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1927, to Apr 24, 1927, that I last saw h. alive on Apr 24, 1927, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

908

Chr. Myocarditis 137
930 Unknown (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Prostate stones
2 (duration) ... yrs. ... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED ...
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 18 27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs

(Signed) J Lane Evans, M. D
Apr 25 1927 (Address) Brookfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Meadville Mo	Apr 25 1927
20. UNDERTAKER	ADDRESS
Smiley Bros	Meadville Mo.

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.

PERMANENT RECORD