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.

DEC 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 39063
Township — Primary Registration District No. 1001 — Registered No. 1197
City St. Joseph (No. 625 South 17th St. St. Ward)

2. FULL NAME 63D Nicholas N. Brady
(a) Residence, No. 625 South 17th St Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Brady
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1858
7. AGE YEARS 81 MONTHS 0 DAYS 2D — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wyeth Hardware Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Missouri 0

FATHER
13. NAME Matthew Brady 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Anna Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Margie Wegenek 625 South 17th St
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov 23, 1939
19. UNDERTAKER (ADDRESS) Tracy Barry Funeral Home 218 South 10th St
20. FILED 11/24/39, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 18 39, to Nov 21, 1939
I last saw him alive on Nov 21, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina. Pect.	10/18/9
94 N	
Other contributory causes of importance:	
Arteriosc. Sel. gen —	-
Hypertension —	
Senility —	

Name of operation None Date of
What test confirmed diagnosis? Clin 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) [signature], M. D.
85 (Address) [illegible]

I embalmed the body described on the reverse side of this paper

John E. Rupp

License No. 3986