

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

42845
 Do not use this space.

1. PLACE OF DEATH 2 85
 (a) County Buchanan / Registration District No. 1001
 (b) Township St. Joseph / Primary Registration District No. 1001 Registered No. 1325
 (c) City St. Joseph (d) Street No. 1320 S. 15th St.
 (e) Length of residence in city or town where death occurred 50 yrs. (f) How long in U.S., if of foreign birth? 50 yrs. - mos. - da.

2. PRINT FULL NAME 630 Catherine Brady
 (a) Residence, No. 1320 S. 15th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1846.
 7. AGE YEARS 93 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Killy Beggs Ireland.
 FATHER 13. NAME Chas. Brady
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland
 MOTHER 15. MAIDEN NAME Mary McGoniffie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland
 17. INFORMANT Miss. Kate Brady
 (ADDRESS) 1320 S. 15th Str. St. Joseph, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent.
 PLACE St. Joseph, Mo DATE Dec. 28, 1939
 19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 802 Union Str. St. Joseph, Mo.
 20. FILED Dec. 27, 1939 A.J. Neathbrush
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1939, to Dec 22, 1939
 I last saw her alive on Dec 22, 1939 Death is said to have occurred on the date stated above, at 11:40 PM
 The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency
arteriosclerosis 10 yrs
 Other contributory causes of importance: Gold 95 lb 25 weeks
 Name of operation Colonial Date of _____
 What test confirmed diagnosis? Colonial there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 _____
Charles B. Werner M. D.
 (Address) 321 West 11th St. St. Joseph, 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.

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..... *Albert R. Harrington*.....

Licensed Embalmer No. 3258.....

P. O. Address..... St. Joseph, Missouri.....

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.