

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

Do not use this space.

9302

1. PLACE OF DEATH

68 County Monteale Registration District No. 571
1 Township Walton Primary Registration District No. 4335
2 City California (No. _____) St. _____ Ward _____

File No. _____

Registered No. 14

2. FULL NAME

Lelia Ann Brady
(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Monteale Co 1

13. NAME George William

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteale Co Mo

15. MAIDEN NAME Martha Alger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

17. INFORMANT James Brady
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3/21 1932

19. UNDERTAKER William & Friedmeyer
(ADDRESS) California Mo

20. FILED 3-19-1932 Gas. W. Roth
Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932, to March 19 1932

I last saw her alive on March 19 1932. Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Intentional Impaction and infection Date of onset 3/14/32

Other contributory causes of importance: Cerebral Embolism

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Edgar A. Fells, M. D.
(Address) California

APR 28 1932

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.

