

SEP 1937

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

Do not use this space.

1. PLACE OF DEATH

27 County COOPER 2  
Township  
2 City BOONVILLE (No) 1

Registration District No. 218  
Primary Registration District No. 3015

File No. 30510  
Registered No. 82  
St. \_\_\_\_\_ Ward \_\_\_\_\_

4 FULL NAME SARAH ELIZABETH BRADY

(a) Residence, No. 1207 MAIN 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. W. BRADY  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 25 - 1856  
7. AGE YEARS 81 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.  
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.  
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) MONITEAU COUNTY

13. NAME WM McCIANNAHAN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY

15. MAIDEN NAME KIZARA RYMIEL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER COUNTY

17. INFORMANT MRS JAMES FORD (ADDRESS) BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE COPPS CHAPEL DATE Sept 5 1937

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO.

20. FILED Sept 4 1937 Boonville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937, to Sept 3rd, 1937.  
I last saw her alive on Sept 8th, 1937. Death is said to have occurred on the date stated above, at 7:40 pm.

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

apoplexy  
Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_  
(Signed) J. P. Evans M. D.  
(Address) Boonville Mo

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.

