

Write Plainly with Unfading Ink—This is a Permanent Record.

County *Myers*
Township *Durfield*
Village *Morley*
City

MICHIGAN.

285

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS

CERTIFICATE AND RECORD OF DEATH.



REGISTERED NO. *8*

Full name *George Brady* Date of death

MON.	DAY.	YEAR.
<i>11</i>	<i>27</i>	<i>1905</i>

Place of death *Acton Township* St. *Mich.* Sex *Male* Color *Red*

Single, married, widowed or divorced *married*

YEARS.	MONTHS.	DAYS.
<i>82</i>	<i>9</i>	<i>9</i>

If married, age at (first) marriage *30* years.

Age

Parent of *10* children, of whom *5* are living. Birthplace (State or country) *Virginia*

Occupation

Name of father *G. Brady* Birthplace of father (State or country) *Ireland*
 Maiden name of mother Birthplace of mother (State or country)

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this *27* day of *Nov* *1905*
 (Signature) *John Brall*
 (Address) *Morley*

Proposed date of burial or removal *Nov 29 1905*

Proposed place of burial *Morley*

Proposed place of removal

Signature of undertaker *L. J. Farrel* Address of undertaker *Morley*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *Nov 26 1905* to *Nov 27 1905*, that I last saw him alive on *Nov 22 1905* that he died on *Nov 27 1905* about *3* o'clock, *9* A.M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as he under written:

Disease causing death *Chronic Bright's Disease*
 Immediate cause of death *Heart failure*
 Contributory causes or complications, if any *120*
 Post mortem *no*

DURATION OF EACH CAUSE.
<i>120</i>

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; 2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g. septicemia. Also whether amputation was performed, etc.

Witness my hand this *27* day of *Nov* *1905*

Signature of physician, health officer or coroner *John Brall M.D.*

(Address) *Morley, Mich.*