

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

County Saginaw  
 Township Carrollton  
 or  
 Village  
 or  
 City (No. 13)

CERTIFICATE OF DEATH

Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street no. number.]

FULL NAME William Brady

(No. Elew St.; Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)

DATE OF DEATH Feb. 16, 1914  
(Month) (Day) (Year)

DATE OF BIRTH August 22, 1826  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1914, to Feb. 15, 1914,

AGE 87 yrs. 5 mos. 23 ds. If LESS than 1 day, hrs. or min.?

that I last saw him alive on Feb. 15, 1914, and that death occurred, on the date stated above, at 3 1/2 m.

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession or particular kind of work Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)

General Debility

BIRTHPLACE (State or country) Ohio

(Duration) yrs. mos. ds.

NAME OF FATHER Thomas Brady

Contributory (SECONDARY)

BIRTHPLACE OF FATHER (State or country) Unknown

(Duration) yrs. mos. ds.  
 Signed F. H. Edelman, M. D.  
Feb. 16, 1914 (Address) Saginaw

MAIDEN NAME OF MOTHER

\* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

BIRTHPLACE OF MOTHER (State or country)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Informant) G. J. Brady  
 (Address) Carrollton

Where was disease contracted, if not at place of death?  
 Former or usual residence

File No. 18, 1914 J. W. Brand REGISTRAR

PLACE OF BURIAL OR REMOVAL Stacy Gravit Co DATE OF BURIAL Feb 17, 1914

UNDERTAKER Walter Lynch ADDRESS Saginaw

I hereby certify that the above is a true and correct reproduction of the certificate on file in the Michigan Department of Community Health, Lansing, Michigan.

CERTIFIED BY:

Glenn Copeland

Glenn Copeland  
 State Registrar

DEC 06 2004