

1 PLACE OF DEATH

County

White

Civil Dist.

11

or
Village

Shelby

City

(No. _____)

St.

Ward

Registration District No. 44941

Primary Registration District No. 11

File No. _____

Registered No. 100

[If death occurred in a
hospital or institution,
give the NAME instead
of street and number.]2 FULL NAME *Edmund Brady*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

white

5 YEARS
IN PRESENT
COUNTRY
OR BORN
HERE

6 DATE OF BIRTH

last Sept
(Month) (Day) (Year)

3

1881

7 AGE

27

years

15

days

IF LESS THAN

5 YEARS, STATE

DATE OF BIRTH

8 OCCUPATION

(a) Trade, profession, or
occupation kind of work*Farmer*(b) General nature of industry,
business, or establishment in
which engaged (or employer)

9 BIRTHPLACE

(State or country)

Ireland

10 NAME OF FATHER

Patrick Brady

11 BIRTHPLACE FATHER

(State or country)

Ireland

12 MAIDEN NAME OF MOTHER

Mary Morgan

13 BIRTHPLACE OF MOTHER

(State or country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant

J. P. Brady

(Address)

Sparks, Tenn.

15

Filed

*May 1, 1918**Mrs. Brady*

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr 18
(Month) (Day) (Year)18, 1918
(DAY) (YEAR)

17 I HEREBY CERTIFY, That I attended deceased from

1887 to *April 14*, 1918that I last saw him alive on *April 14*, 1918

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

*Chronic Bronchitis**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough**Whooping Cough*

18 PLACE OF BURIAL OR REMOVAL

Spring Hill

DATE OF BURIAL

April 18, 1918

19 UNDERTAKER

W. H. Carter

ADDRESS

Sparks, Tenn.