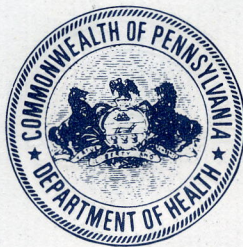


Calvin B. Johnson, M.D., M.P.H.
Secretary of Health



Charles Hardester

Charles Hardester
State Registrar

3766151

No.

MAY 02 2006

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH				File No. 90989		
1. PLACE OF DEATH a. County Montgomery b. City, Borough or Township Norristown, Pa. c. Full Name (if NOT in hospital) give street address d. INSTITUTION Sacred Heart Hospital e. Is Place of Death inside Municipality Limits? ☒ Yes ☐ No				2. USUAL RESIDENCE (where deceased lived, if institution, institution to which admitted) a. State Penn. b. County Montgomery c. City, Borough or Township Conshohocken, Pa. d. Street Address or Location 217 Hector St. e. Is Residence inside Municipality Limits? ☒ Yes ☐ No f. Is Residence in a Foster Home? ☐ Yes ☒ No		
3. NAME OF DECEASED (Type or Print) William Brady				4. DATE OF DEATH Oct. 31, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ - NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 11-23-1883	9. AGE (in years, if under 1 year, give birthday) 72	10. MONTHS 11 DAYS 7 YEARS 72 MIN. 11	
11. FULL NAME OF SPOUSE Mary Brady			12. BIRTHPLACE (Also give state or foreign country) In America, California		13. CITIZEN OF WHAT COUNTRY U.S.A.	
14. FATHER'S NAME James Brady			15. MOTHER'S MAIDEN NAME Mary E. Brady			
16. USUAL OCCUPATION (even if retired) Teacher			17. SOCIAL SECURITY No. 176-03-4021			
18. CAUSE OF DEATH [Enter only one cause but line for (a), (b) & (c)] PART I. Death was caused by: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Dysenteritis, Sigmoid with Abscess DUE TO (c) Malnutrition CONDITIONS, if any, which gave rise to above cause (a) stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5 days 3 months 5721
19. WAS AUTOPSY PERFORMED? ☒ Yes ☐ No						
20. ACCIDENT SUICIDE HOMICIDE 20a. INJURY OCCURRED ☐ While at work ☐ Not while at work ☐ 20b. DESCRIBE HOW INJURY OCCURRED. 20c. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 20d. CITY, BOROUGH, TOWNSHIP, COUNTY, STATE						
21. I hereby certify that I attended the deceased from 10-5-56 to 10-31-56 and that death occurred at 8:45 PM, E.S.T. from the causes and on the date stated above.						
22. SIGNATURE Alan H. Roman, M.D.		23. ADDRESS 1307 DeKish, Norristown		24. DATE SIGNED 10/31/56		
25. BURIAL ☒ CREMATION ☐ REMOVAL ☐		26. DATE 11-3-56		27. NAME OF CEMETERY OR CREMATORY St. Matthews		
28. LOCATION (City, State, Trwp. & County) (State)		29. SIGNATURE OF FUNERAL DIRECTOR Donald E. Moore, Conshohocken, Pa.				
30. DATE REC'D BY 11/3/56		31. REGISTRAR'S SIGNATURE John M. Kennedy		32. SIGNATURE OF PUBLIC HEALTH OFFICER Charles Hardester		