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

No. 3766151

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

Charles Hardester
State Registrar

Date: MAY 02 2006

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 90989

1. Primary Dist. No. 4633-430   Registrar's No. 976

1. PLACE OF DEATH
a. County: Montgomery
b. City, Borough or Township: Norristown, Pa.
c. Length of stay in 1b:
d. Full name of hospital or institution: Sacred Heart Hospital
e. Is Place of Death Inside Municipality Limits? Yes ☒ No ☐

2. USUAL RESIDENCE
a. State: Penna
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 on a Farm? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): (First) William (Middle) (Last) 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 last birthday): 72   Months: 11   Days: 8
10. FULL NAME OF SPOUSE: Mary Brady
11. BIRTHPLACE: San Francisco, California
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: James Brady
14. MOTHER'S MAIDEN NAME: Mara Rainey
15. USUAL OCCUPATION (even if retired): [illegible]
16. Social Security No.: 176-03-4021
17. INFORMANT: Mary E Brady   ADDRESS: 217 E. Hector St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. Death was caused by:

	Cause	Interval between onset and death
IMMEDIATE CAUSE (a)	Uremia	5 days
DUE TO (b)	Diverticulitis, Sigmoid with Abscess	3 months
DUE TO (c)		

5721

PART II. OTHER SIGNIFICANT CONDITIONS: Malnutrition

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED:
20c. Time of Injury: Hour, Month, Day, Year
20d. INJURY OCCURRED While at work ☐ Not while at work ☐
20e. PLACE OF INJURY:
20f. CITY, BOROUGH, TOWNSHIP / COUNTY / STATE

21. I hereby certify that I attended the deceased from 10-5-56, 19.... to ...., 19...., that I last saw the deceased alive on 10-31-56, 19.... and that death occurred at 8:45 PM, E.S.T. from the causes and on the date stated above.

22a. SIGNATURE: Allan L. Duncan M.D.
22b. ADDRESS: 1227 DeKalb, Norristown Pa
22c. DATE SIGNED: 10/31/56

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: 11-3-56
23c. NAME OF CEMETERY OR CREMATORY: St. Matthews
23d. LOCATION: Conshohocken, Mont. Co.

24. DATE REC'D BY LOCAL REG.: 11/3/56
25. REGISTRAR'S SIGNATURE: Julia McKenney
26. SIGNATURE OF FUNERAL DIRECTOR / ADDRESS: Donald E. Moore, Consho Pa.