

CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Statistics Section - Hartford, Connecticut U.S.A.

Certified Copy of Death Record

166

State of Connecticut Bureau of
Vital Statistics

Medical Certificate of Death

1. Full name of deceased John S. Eady
 2. Primary cause of death Leishmaniasis of Liver
 3. Duration 3 days
 4. Secondary or contributory Softening of Brain Old age
 5. Duration 1 1/2 days
 Remarks _____

I hereby Certify that I attended the deceased in h/s last illness, and that the cause of death was as above stated.

Signature

John P. Carver M.D.

Capacity in which he signs

Dated

July 12th1915

Address

Simsbury ConnUndertaker's Certificate Personal and
Statistical

1. Full name of deceased John Sherman Eady
 2. Place of death—Town Simsbury No. 300 Street _____ Ward _____
 3. Number of families in house one
 4. Residence at time of death same as above Town _____ State or Country _____
 5. Occupation retired farmer
 6. Condition (state whether single, married, divorced or widowed) married
 7. If wife or widow, give name of husband _____
 8. Date of death—year 1915 month July day 11
 9. Date of birth—year 1828 month October day 15
 10. Age 86 years, 8 months, 26 days
 11. Sex male
 12. Color white
 13. Birthplace—Town Branford State or Country N.Y.
 14. Father's name in full Luther Eady
 15. Father's birthplace—Town _____ State or Country R.I.
 16. Mother's maiden name Oliver
 17. Mother's birthplace—Town _____ State or Country R.I.
 18. Place of burial Simsbury Cemetery _____
 19. Name of informant J. S. Eady Address Simsbury Conn
 20. Was body embalmed yes If so name of embalmer Charles Vincent License No. 274

Signature of Undertaker
[or Person in charge]

Signature of Undertaker

[or Person in charge]

Address

Simsbury Conn

I certify that this is a true transcript of the information on the Death record as recorded in this office.

Attest:

Alfred S. Sargent

Assistant Registrar of Vital Statistics

Dated:

Oct. 3, 2006

Town of Simsbury

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Write plainly with black unfading ink. This is a permanent record. Every item of information should be carefully supplied.