



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA VITAL STATISTICS DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1.	Charles Otis BRADY	2. March 31, 2003	3a. Douglas
DECEDENT	3b. Minden	3c. 1280 Hermosa Court	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White	6. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	7a. 73	8. October 6, 1929
	9a. California	10. 12	11. Married	12. Bonnie Kramer
	13. -0086	14a. Service Sales Manager	14b. Heavy Equipment	
PARENTS	15a. Nevada	15b. Douglas	15c. Minden	15d. 1280 Hermosa Crt.
	16. Charles Arnold Brady	17. Anita Maynard		
	18a. Bonnie Brady - Wife	18b. 1280 Hermosa Court, Minden, NV 89423		
DISPOSITION	19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
	20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
CERTIFIER	21a. <i>[Signature]</i>		22a. <i>[Signature]</i>	
	21b. 4/3/03	21c. 1205	22b.	22c.
	23a. Gary Dankworth, M.D., 812 N. Nevada St., Carson City, NV 89703		23b. 3972	
CAUSE OF DEATH	24a. <i>[Signature]</i>	24b. April 3, 2003	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
	(a) esophageal cancer			
	(b)			
	(c)			
	26. no		27. yes	
	28a.	28b.	28c.	28d.
	28e.	28f.	28g.	

No.248288

STATE REGISTRAR



This is to certify that the above is a true and correct copy of the certificate on file in this office.

*[Signature]*

Date Issued: 0606726

APR 03 2003

State Registrar

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