MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4846

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 4201 Main St. St. Ward)

2. FULL NAME Miss Jane T Handibode

(a) Residence. No. 4201 Main St. St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	46	1	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home 48 46

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Handibode

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Johanna McNamara

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT Miss Mary E Handibode
(Address) 4201 Main St

15. FILED 2-4, 1928 M M Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1926, to Feb 2nd, 1928 that I last saw him alive on Feb 2nd, 1928, and that death occurred, on the date stated above, at 10:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Uterus and Intestines.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF May 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John O Skinner, M. D

2-4-28 (Address) 844 Lathrop Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery	2/6/28 19

20. UNDERTAKER	ADDRESS
Quirk & Tobin Co--20 West	Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.