WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

6659

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. — Registered No. 824
City Kansas City (No. 2437 Benton Blvd. St. Ward)

2. FULL NAME Lawrence Raphiel Handy
(a) Residence. No. 2437 Benton Blvd St., 11 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26th 1926

7. AGE 2 YEARS — MONTHS ~~9~~ 8 — DAYS 22 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER J. E. Handy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holt (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ida Schraeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chesterfield (STATE OR COUNTRY) Missouri

14. INFORMANT J. E. Handy (Address) 2437 Benton

15. FILED 2-19-29 M M Ernie Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Feb 18, 1929 that I last saw him alive on Feb 18, 1929, and that death occurred, on the date stated above, at 7:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11A
10B
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pneumonia Lobar
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Epidemic
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) Thos L. Draney, M. D
Feb 19, 1929 (Address) 910 Argyle 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 St. Mary's — DATE OF BURIAL 2/20 1929

20. UNDERTAKER The Taylor Funeral Home Inc — ADDRESS