

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.

970

1. PLACE OF DEATH

County Iron
Township Union
City Union (No. 1)

Registration District No. 390
Primary Registration District No. 5545

File No. 1
Registered No. 1
St. 1 Ward 1

2. FULL NAME

Margaret A. Handley

(a) Residence. No. 1 St. 1 Ward 1

(Usual place of abode)
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

Woman

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Wife John H. Handley died

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

July 23 1841

7. AGE

YEARS MONTHS DAYS
88- 1841 July 23

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(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)

Ross County Ohio

10. NAME OF FATHER

James White died

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

Ross Co. Ohio

12. MAIDEN NAME OF MOTHER

Catherine White

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

Germany

14.

INFORMANT (Address)

Charles E. Handley
Amrakesville Mo

15.

FILED

1-6 1930
B. C. Hunter
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on 19, and that death occurred, on the date stated above, at 2-0'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia lobar
103
102/010

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Edward L. G. Barnhouse M. D.

, 19 (Address) Fronton Mo. Cooner

*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

W. E. Pherson Kent 1-4-1930

20. UNDERTAKER

ADDRESS

A. E. Band Fronton Mo.

