MAR 28 1930

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

Do not use this space.

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.

1. PLACE OF DEATH

County St Louis Registration District No. 1160 File No. 6310

Township X Central Primary Registration District No. 4470 Registered No. 16

City University City (No. 810 Pennsylvania Ave St. Ward)

2. FULL NAME Marilyn Handley

(a) Residence. No. 810 Pennsylvania St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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) Mar 2, 1929

7. AGE: Years — Months 11 Days 18 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Neb

PARENTS

10. NAME OF FATHER L. P. Handley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Independance
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Helen Larsen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Neb.

14. INFORMANT L. P. Handley
(Address) 810 Pennsylvania Ave

15. FILED 2-21, 1930 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/20, 1930 to 2/20, 1930

that I last saw h er alive on Feby 20, 1930, and that death occurred, on the date stated above, at 6 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strychnine & Poisoning
belladonna
(self administered) Accidental)
1795 (duration) yrs. mos. 1/2 hr

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Carroll Coroner M. D.

2/21, 1930 (Address) Humboldt 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: Omaha, Neb.
DATE OF BURIAL: 2/22 1930

20. UNDERTAKER: Alexander and Sons
ADDRESS: 6175 Delmar