

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.

7650

1. PLACE OF DEATH

County Bates
Township Rich Hill
City Rich Hill (No. _____)

Registration District No. 59
Primary Registration District No. 0000

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME JOSEPH W HANDLY

(a) Residence, No. _____ St. _____ Ward _____
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

Widowed6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Falling Springs
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER J. C. Handly

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Fall Springs West Virginia

12. MAIDEN NAME OF MOTHER Margaret Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT H. P. Robinson
(Address) Rich Hill, Mo.

15. FILED 9/14/00 James J. Allen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/8 to Mar 11 1930
that I last saw him alive on Mar 11 1930, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic intestinal
ulcerations 131

(duration) yrs. mos. ds.

CONTRIBUTOR
(SECONDARY)1290

(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? NoWHAT TEST CONFIRMED DIAGNOSIS Chronic intestinal(Signed) J. C. Delmonico M. D., 19 1930 (Address) Rich Hill, Mo.

*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

Robinson Cent.3/14 1930

20. UNDERTAKER

ADDRESS

Booth & Brougham Rich Hill
Mo

