

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.

12319

File No.
Registered No. 322
St. Ward)

PLACE OF DEATH

County Greene

Registration District No. 318

Township A

Primary Registration District No. 2001

City Springfield

No. 515 Mitchell

2. FULL NAME

Oldestora Handley

(a) Residence. No. 515 Mitchell St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

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

Widow

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

unknown

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

Nov. 26, 1877

7. AGE

YEARS 56

MONTHS 4

DAYS 22

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic

(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

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

PARENTS

14. INFORMANT

(Address)

Naomi Handley
515 Mitchell

15. FILED

11-22-30

For Sharp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April 18th 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 1930 to April 18th 1930. that I last saw him alive on April 18th 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

myocarditis chronic
93C
82A

CONTRIBUTORY (SECONDARY)

arterial hypertension

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

clinical
W. H. Smith, M. D.

4/21, 1930. (Address) 320 1/2 Boonville

*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

Lincoln Memorial Apr. 22, 1930

20. UNDERTAKER

ADDRESS

W. H. Campbell 869 Wash

