

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.

OCT 29 1930

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

Do not use this space.

29789

1. PLACE OF DEATH

County Jackson  
Township Bluff  
City Independence (No. Indep. Sanitarium)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 285  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Harry H. Handley  
(a) Residence, No. Indep. Mo. R.R. 4 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer, milker.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer W. L. Yost

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Nebraska

PARENTS

10. NAME OF FATHER Henry Handley

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

14.

INFORMANT Nora Handley  
(Address) Indep. Mo. R.R. 4

15.

FILED 9-12 1930 F. L. Cook  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11 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 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

accidental automobile  
trauma  
210M  
(duration) 188 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Car was in collision with another car at Phelps Rd. and #40 Highway  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED South of Independence

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History & Inspection  
(Signed) Stanley M. Hales

9-12 1930 (Address) Indep. Mo. R.R. 4

\*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

Woodlawn Cemetery 9-13 1930

20. UNDERTAKER ADDRESS

C. D. Carson & Son, Indep. Mo.

