

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.

17088

1. PLACE OF DEATH

County Dates
 Township Crane
 City Rich Hill (No. _____)

Registration District No. 53Primary Registration District No. 2005

File No. _____

Registered No. 20

St. _____ Ward _____

2. FULL NAME William J Handley

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

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 m4. COLOR OR RACE w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Alice Cook Handley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1846 Sep 8

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day,

hrs.

or

min.

84815

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. merchant10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

MOTHER FATHER

13. NAME J Handley14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Virginia15. MAIDEN NAME no m. know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Rich Hill17. INFORMANT Alice Cook Handley
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE BurialDATE 5/2519. UNDERTAKER H. E. Baughman
(ADDRESS) Rich Hill20. FILE May 25

Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23

22. I HEREBY CERTIFY, That I attended deceased from

May 21 to May 23I last saw him alive on May 22 at 4 P.M. Death is saidto have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation no

Date of

What test confirmed diagnosis? small Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease of injury in any way related to occupation of deceased? no

If so, specify

(Signed) James J. Allen(Address) Rich Hill

