

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.

29907

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 701 1003

File No. 8960
Registered No. 8960
St. Ward

2. FULL NAME

(a) Residence, No. 5040 1/2 Page St., 12 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 M 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 Lulu Handley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1888
7. AGE YEARS 43 MONTHS 22 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk
10. Date deceased last worked at this occupation (month and year) 8/1/1931 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Geo. Handley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Huffrest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lulu Handley
(ADDRESS) 5040 1/2 Page

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Co. DATE Aug 22nd 1931

19. UNDERTAKER (ADDRESS) H. H. B. Washington Bldg

20. FILED 33-21-133 1931 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 20 1931 .19

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Aug 20, 1931.
last saw him alive on Aug 20, 1931. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Carcinoma of Stomach
11801 6 13
Date of onset 8/1/1931

Name of operation Sigmoidectomy Date of 8/5/31
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1931
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify J. P. Hamlin, M. D.
(Signed) 1259 N. Knapphury
(Address)

