

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

Do not use this space.

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File No. _____
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH
County Clinton Registration District No. 205
Township Atchison Primary Registration District No. 2283
City _____ (No. _____ St. _____ Ward) _____

2. FULL NAME Marvin D. Handley
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) _____
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1932
7. AGE YEARS MONTHS DAYS 1 1 1
IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clinton Co., Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Ray Handley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co., Mo.
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Madeline Dawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte Co., Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Ray Handley
(Address) Gower, Mo.

15. FILED 7/15, 1932 J. B. Givins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1932

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1932 to May 12, 1932
that I last saw him alive on May 11, 1932, and that death occurred, on the date stated above, at 3.1 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) S. D. Reynolds, M. D.

May 12, 1932 (Address) Plattsburg, 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

Allen Cemetery Gower, Mo. May 12, 1932

20. UNDERTAKER H. A. Sullivan ADDRESS Gower, Mo.

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.

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