WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

39802
4809

File No.

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. 7617 Madison St. Ward)

2. FULL NAME Thomas Samuel Handley

(a) Residence, No. 7617 Madison St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	54	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive-Sales

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Remington-Rand, Inc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 3

12. BIRTHPLACE (CITY OR TOWN) Cherryvale
(STATE OR COUNTRY) Kansas

FATHER

13. NAME Rezin Bell Handley

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Flora M. Long

16. BIRTHPLACE (CITY OR TOWN) Lucas County
(STATE OR COUNTRY) Iowa

17. INFORMANT Robert Bruce Handley
(ADDRESS) 7617 Madison

18. BURIAL, ~~CREMATION, OR REMOVAL~~ cem.
PLACE Mt Washington DATE Dec 19 1932

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 12/17 1932 M M Crowe
asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1932, to Dec 15 1932

I last saw him alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 11 P m. 11

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

Lobar pneumonia — Date of onset 12/11/32

108 131 108

Other contributory causes of importance:

Chronic Interstitial Nephritis — 10/18/32

Name of operation Date of

What test confirmed diagnosis? Laboratory 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 19

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

(Signed) T. Henry Raab, M. D.

(Address) 900 Scarritt Bldg
KC Mo

V-7497