

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

Do not use this space.

35049

1. PLACE OF DEATH

County.....

Registration District No. **91**

Township.....

Primary Registration District No. **1008**

City.....

(No. **12260**)

City **St. Louis**

File No.

Registered No. **9262**

St.

Ward)

2. FULL NAME

(a) Residence, No. **15649**

(Usual place of abode)

James Handley

Ward. **123**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20 yrs.**

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

20

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Unmarried

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

William Handley

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

Dec 20 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

10

3

OCCUPATION

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

at home

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

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

11. Total time (years) spent in this occupation

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

Ill

MOTHER FATHER

13. NAME

Unknown

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

Ill

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

17. INFORMANT (ADDRESS)

St. Louis Inf. Patient City St. Louis

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Concordia Mo.** DATE **10-28** 19**33**

19. UNDERTAKER (ADDRESS)

With Bros. & Co. 2929 S. Jefferson

20. FILED

Oct 27 1933

19

J. H. Biddeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 25** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from

10-28 19**33**, to **10-25** 19**33**

I last saw him alive on **10-25** 19**33**. Death is said

to have occurred on the date stated above, at **8:30** m.

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

Pneumonia
Chr. Myocarditis
930

Other contributory causes of importance:

101A **113**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **20**

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?

If so, specify.....

(Signed)..... M. D.

(Address).....

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.

NOV 10 1933

