

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.

JUL 23 1935

8968-1

1. PLACE OF DEATH

County Iron
Township Union
City (No. _____) _____

Registration District No. 390
Primary Registration District No. 5545

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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.
(If nonresident, give city or town and State)

Jarvis Edgar Handley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (last name of) Elizabeth Handley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72. 2 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 P. m.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
13. NAME Jarvis Handley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.
15. MAIDEN NAME Margaret White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Mrs. Elizabeth Handley
(ADDRESS) Adelberg, Tinsler
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Twp. DATE 3-26-35
19. UNDERTAKER White & Son
(ADDRESS) Clinton Twp. Mo.
20. FILED 7-10 19 35 D. C. Hunter
Registrar

Coronal Fluen or shogs
Other contributory causes of importance:
Name of operating _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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) Robert Kellogg, M. D.
(Address) Clinton Mo.
Coroner.

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