Dr. OCT 21 1936

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

Do not use this space.

33987

File No.

Registered No. 269

1. PLACE OF DEATH

County Cole Registration District No. 213

Township Primary Registration District No. 3014

City Jefferson City (No. , St. Ward)

2. FULL NAME Gilberth Dwaine 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-27-1935

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	10		

OCCUPATION

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

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) Jefferson City, Mo

FATHER

13. NAME Charles G. Handley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo

MOTHER

15. MAIDEN NAME Cora Bugby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar City, Missouri

17. INFORMANT (ADDRESS) Charles G. Handley Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope Cem DATE Sept-28- 1936

19. UNDERTAKER (ADDRESS) Doyle & Gordon Jefferson City Mo

20. FILED 9/28/36 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1936 to 9-27 1936

I last saw h[illegible] alive on Sept 27 1936. Death is said to have occurred on the date stated above, at 2 p m.

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

	Date of onset
[illegible]	
Acute Gastro Enteritis	Sept 23

Other contributory causes of importance:

Hyper hypesthesia

Name of operation 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) [signature], M. D.

(Address)

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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