

DEC 4 1936

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

Do not use this space.

38739

## 1. PLACE OF DEATH

County CallRegistration District No. 726Township SpencerPrimary Registration District No. 5967City P. F. D. #1 - Carter Mo.(No. P. F. D. #1 - Carter Mo.)File No. 215Registered No. 215St. Ward

## 2. FULL NAME

(a) Residence, No. P. F. D. #1 - Carter Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth?            yrs.            mos.            ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Arthur Handins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28-18737. AGE YEARS 62 MONTHS 9 DAYS 16 If LESS than 1 day,            hrs. or            min.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) Oct. 14-1936 11. Total time (years) spent in this occupation 3 1/2 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.13. NAME John James Handins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.15. MAIDEN NAME Sarepta M. Cray16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Bertha Handins18. BURIAL, CREMATION, OR REMOVAL PLACE M. O. West Cem. Pike Co. Mo. DATE Oct. 16-193619. UNDERTAKER (ADDRESS) Wm. J. Schryver20. FILED Oct 16 1936 Blanche McGowan Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 193622. I HEREBY CERTIFY, That I attended deceased from           , 19          , to           , 19          .I last saw h            alive on           , 19          . Death is saidto have occurred on the date stated above, at            m.

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

No attention this man, as he was killed by timber striking himOther contributory causes of importance:           Name of operation Observation 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? Accident Date of injury Oct. 14, 1936Where did injury occur? at home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at his homeManner of injury Blow to side of headNature of injury crushed side over fire24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify           (Signed) Wm McGowan, M. D.(Address) Carter Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION is very important.

