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

Do not use this space.
44807

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. 2843 Benton St. Ward)

File No.
Registered No.

2. FULL NAME Mrs. Laura P. Handel
(a) Residence, No. 2843 Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Y. H. Handel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29-1857

7. AGE: Years 79 Months 2 Days 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Madison Co Ky

FATHER
13. NAME: John Davies
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary Prather
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Maud Potter 2843 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE Dec. 15 1936

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons Kansas City, Mo.

20. FILED Dec 14 1936 M. M. Grome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1936, to Dec. 13, 1936, I last saw her alive on Dec. 13, 1936 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/11/36
Other contributory causes of importance:	
Chr. myocarditis	2 yrs
Pulmonary Oedema	2 wks

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) James R. Hanson, M. D.
(Address) 907 Rialto Bldg

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.