

OCT 26 1937

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

Do not use this space.

35417

1. PLACE OF DEATH

County SalineTownship MarshallCity Marshall, Mo. (No. _____)Registration District No. 796Primary Registration District No. 3038

File No. _____

Registered No. 157

St. _____ Ward _____

2. FULL NAME John Henry Handley(a) Residence, No. 1257 So. Olsen St. 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

Male

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

Pearl Cunningham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71101

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

Laborer

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

11 11

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oxford, Indiana
(STATE OR COUNTRY)

13. NAME

John Handley14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Elizabeth Hartman16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)Unknown17. INFORMANT Francis Handley
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge P. Cemetery DATE Sept. 22, 193719. UNDERTAKER J. L. Sweeney
(ADDRESS) Marshall, Mo.20. FILED 9-22-37 Mary Kent
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1937

I HEREBY CERTIFY, That I attended deceased from

Dr. J. M. Sweeney, 1937 Sept 22, 1937I last saw him alive on 9-21, 1937 Death is saidto have occurred on the date stated above, at 5-20 m.

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

Chronic glomerular nephritis 9/18/37

Date of onset

Chronic glomerular nephritis 9/18/37

13213

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-419

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1. PLACE OF DEATH

(a) County Saline

Registration District No. 796

(b) Township Marshall

Primary Registration District No. 3038

Registered No. 157

(c) City Marshall

(d) Street No. _____

(If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

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

wid

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

71

10

1

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 12-7- 19 37 Mary Kent
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Chronic glomerular
nephritis

Other contributory causes of importance:

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) S. P. Simpson, M. D.

(Address) Marshall Mo

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