

FEB 25 1936

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

Do not use this space.

1031

1. PLACE OF DEATH

County Henry Registration District No. 14
Township North Primary Registration District No. 4211
City Windsor (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME Asa Hand

(a) Residence, No. 322 N. Main St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF Mary Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 24

OCCUPATION 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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Missouri

FATHER 13. NAME Harvey Hand

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

MOTHER 15. MAIDEN NAME Narcissa Berry

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

17. INFORMANT (ADDRESS) Roy Hand Windsor Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Samuel Oak Cemetery Windsor DATE 1-14 1936

19. UNDERTAKER (ADDRESS) Fred Wilkinson

20. FILED 1-14 1936 Registrar [Signature]

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

22. I HEREBY CERTIFY that I attended deceased from Jan 8 1936 to Jan 13 1936
I last saw him alive on Jan 13 1936 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset Jan 8

Other contributory causes of importance:
108

Name of operation _____ Date of _____
What test confirmed diagnosis Culture Was there an autopsy? Yes

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) Windsor Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

