

Dr.

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Cole Registration District No. 213
Township..... Jefferson City No. Primary Registration District No. 3014
City..... Jefferson City No. St. Ward)

33987

File No.
Registered No. 269

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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-27-1935</u>		
7. AGE	YEARS	MONTHS
		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) <u>Jefferson City, Mo</u> (STATE OR COUNTRY)		
MOTHER FATHER	13. NAME <u>Charles G. Handley</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Jefferson City, Mo</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Cora Bugby</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Cedar City, Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Charles G. Handley</u> (ADDRESS) <u>Jefferson City, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope Cem</u> DATE <u>Sept-28-</u> 19 <u>36</u>		
19. UNDERTAKER <u>Frank J. Gordon</u> (ADDRESS) <u>Jefferson City, Mo</u>		
20. FILED <u>9/20/36</u> 19 <u>36</u> <u>W. H. ...</u> 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 Sept 27 1936
I last saw him alive on Sept 27 1936. Death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:

Acute gastroenteritis
hyper pyrexia

Other contributory causes of importance:
non

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) W. H. ..., 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.

RECORD WITH ORDERS THIS IS A PERMANENT RECORD

