

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

Do not use this space.

583

**1. PLACE OF DEATH**

County Bole

Registration District No. 213

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 22

City Jefferson (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 226 Madison St., \_\_\_\_\_ Ward \_\_\_\_\_

(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)**

Unknown

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

abt 67

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Monticau Mo.

**10. NAME OF FATHER**

Patrick Handley

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ireland

**12. MAIDEN NAME OF MOTHER**

Maggie O'Connor

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Ireland

**14. INFORMANT (Address)**

Michael Handley  
Jb. Mo. &  
Bridford

**15. FILED**

2/9 30

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 19 - 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 19, 1930 to Jan 19, 1930 that I last saw him alive on Jan 28, 1930 and that death occurred, on the date stated above, at 1 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral hemorrhage

BRA

AS

99

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

Arterio Sclerosis, Hypertension

through all life (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

IF AN OPERATION PRECEDED DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

Clinical

(Signed)

W. A. O'Leary, M. D.

(Address) Jefferson Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

California Mo.

1-22-1930

**20. UNDERTAKER**

**ADDRESS**

Chas. P. Weirich

Jb. Mo.

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.

FEB 22 1930

15

STATE OF NEW YORK  
IN SENATE  
January 18, 1907.

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN ANSWER TO A RESOLUTION PASSED BY THE SENATE  
MAY 19, 1906, AND BY THE ASSEMBLY  
MAY 22, 1906.