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

Do not use this space.
37138

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: 4 Raw — Primary Registration District No.: 1092
City: Kansas City (No.: Research Hosp St.: 3 Ward)

File No.: 7.03
Registered No.:

2. FULL NAME Frank Harve Settlemore

(a) Residence. No. 4116 Main 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 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Freada Settlemore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	6	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst Yard Master
(b) General nature of industry, business, or establishment in which employed (or employer): KC Terminal Ry Co
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Frank M Settlemore
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) don't know
12. MAIDEN NAME OF MOTHER Elizabeth Hedricks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) don't know

14. INFORMANT Mrs Freada Settlemore
(Address) 4116 Main St.

15. FILED 12/30, 1927 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to 19, that I last saw h. alive on 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolus
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pedunculated Pancreatitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Earl G. Gaugh, M. D.
12/29, 1927 (Address) Deputy Coroner

*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: Mt Moriah — DATE OF BURIAL: 12/31/27

20. UNDERTAKER: The Freeman Mortuary — ADDRESS: 42nd & Baltimore

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.