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

Do not use this space.

38143

89

1. PLACE OF DEATH
County: Ray Co
Township: Orrick
City: Orrick (No. ..... St. ..... Ward)
Registration District No. 743
Primary Registration District No. 4445
File No. .....
Registered No. 30

2. FULL NAME: John Andrew Settle
(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	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: ~~Laura~~ Sallie Settle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-7-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	5	5	

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): Clark Mo
(STATE OR COUNTRY): Randolph Co

PARENTS
10. NAME OF FATHER: Jessie Settle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Martha Ann Norris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Virginia

14. INFORMANT: Laura Schabach
(Address): Weston Mo

15. FILED Nov 14, 1929 L. E. Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-12 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dont know cause of death dropped dead near his automobile in presence of two or three persons (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Body was viewed by Dr Robt Steele and Dr L. E. Ellis and decided it was by natural causes (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? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. E. Ellis LR, M. D.
Nov 14, 1929 (Address) Orrick Mo

200A
205N

*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
South Point Cemet	11-14 1929

20. UNDERTAKER	ADDRESS
O. W. Gibson	Orrick Mo

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