

JUN 25 1930

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

Do not use this space.

15962

1. PLACE OF BIRTH  
County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. ....) St. .... Ward

File No. ....  
Registered No. 160

2. FULL NAME Nancy Mary Settle  
(a) Residence, No. 302 W. Maple Ave. St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
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 John Wesley Settle  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 - 1843  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 88 0 14  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) " "  
(c) Name of employer " "

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11<sup>th</sup> 1930  
17. I HEREBY CERTIFY, That I attended deceased from Personal 19 months, 19... that I last saw him alive on May 10<sup>th</sup> 1926, and that death occurred, on the date stated above, at 8: a m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Indeterminate or senility  
16a  
(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 16a  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Bedford County  
(STATE OR COUNTRY) Va.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH no  
DID AN OPERATION PRECEDE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Calvin Atkins M. D.  
5-12-1930 (Address) Independence Mo.

PARENTS  
10. NAME OF FATHER Samuel Bandy  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bedford Co.  
(STATE OR COUNTRY) Va.  
12. MAIDEN NAME OF MOTHER Nancy West  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bedford Co.  
(STATE OR COUNTRY) Va.

\*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.

14. INFORMANT Mrs John Sadler  
(Address) 302 West Maple Ave Indep Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Mt Washington Cemetery May 12 1930

15. FILED 5-12-1930 JL Cook  
REGISTRAR

20. UNDERTAKER ADDRESS  
Oran Mitchell Independence  
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.

