

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

Do not use this space.

20414
~~20513~~

1. PLACE OF DEATH

County St. Charles
 Township Cume
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 758
 Primary Registration District No. 5999

File No. _____
 Registered No. _____

2. FULL NAME

Ferdinand Setler

(a) Residence. No. D'Fallon mo. R. 3 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? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Bushmann Setler deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min.
83 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Frank Setler

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Ed Keithly
 (Address) D'Fallon mo.

15. FILED 6/7 19 30 DR. J. M. Jenkins
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1929 June 6 1930 that I last saw him alive on June 1 1930, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Smoking

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
 (NOT AT PLACE OF DEATH) 162

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS usual
 (Signed) Dr. J. M. Jenkins M. D.

, 19 30 (Address) D'Fallon 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 St. Paul mo. DATE OF BURIAL 6/9 1930

20. UNDERTAKER Ed Keithly ADDRESS D'Fallon Mo.

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.

25 1830

