

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

Do not use this space.

✓ 34256

1. PLACE OF DEATH

County HENRY
Township
City Deepwater, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 3515
Primary Registration District No. 4208

File No. _____
Registered No. 57

2. FULL NAME Mary Lou Settles.

(a) Residence, No. Deepwater Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Deepwater (STATE OR COUNTRY) Missouri

13. NAME Charles T. Settles.

14. BIRTHPLACE (CITY OR TOWN) Kentucky. (STATE OR COUNTRY) _____

15. MAIDEN NAME Bessie Adams.

16. BIRTHPLACE (CITY OR TOWN) Tennessee. (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs Dixie Settles.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 10-3 U.S. _____

19. UNDERTAKER (ADDRESS) Dunning + Hurst Deepwater Mo.

20. FILED 10-2 1931 J. J. Ansell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Oct 1, 1931. I last saw her alive on Oct 1, 1931. Death is said to have occurred on the date stated above, at 4:30 a.m. The principal cause of death and related causes of importance were as follows:

Typhoid fever Sept 20, 1931 Date of onset 125E

Other contributory causes of importance: Remarriage of bowels.

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. D. Taylor, M. D.
(Address) Brownington

NOV 24 1931

OCCUPATION FATHER MOTHER

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry Registration District No. 337 File No. _____
 Township _____ Primary Registration District No. 4208 Registered No. 19
 City Deepwater (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Lou Settles
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 - 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 10 12

Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 13-10 1931 J. J. Russell Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED.

SUPPLEMENTARY

S-34256

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