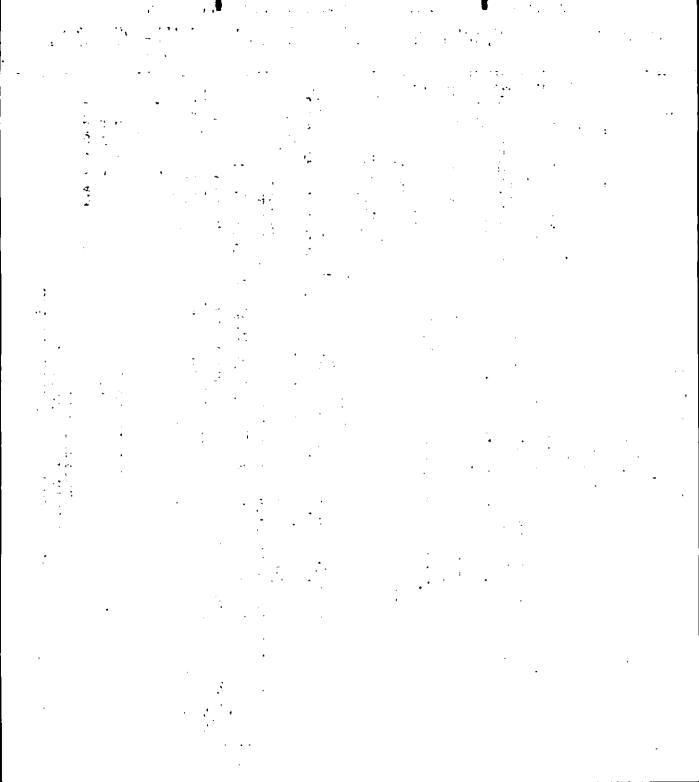
·	<b>i</b> l		
state tant.	BUREAU	ATE BOARD OF HEALTH OF VITAL STATISTICS TIFICATE OF DEATH	Do not use this space.
VENT RECORD  TLY. PHYSICIANS should state OCCUPATION is very important.  MAY 2 2 1933.	1. PEAGE OF DEATH	n District No. 307	12908
	Township Primary Re	egistration District No.	Registered No
RECORD PHYSICIA PATION IS	82. FULL NAME AMONA WEAN SETTELL		
CTLY. P	(a) Residence, No		nresident, give city or town and State) reign birth? yrs. mos. ds.
AANE KACT tof O	PERSONAL AND STATISTICAL PARTICULARS	/ MEDICAL CERT	IFICATE OF DEATH
A PERMAN! stated EXACT statement of O	3. SEX 4. COLOR OR RACE DIVORCED (write thyword)	21. DATE OF DEATH (MONTH, BAY, AF	
IS A     be stat   act stat	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	1 HEREBY CERT	3 to 130 2 1933 Death is said
Should be ed. Exact to	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 15 10 19 7. AGE YEARS MONTHS DAYS If LESS	33 to have occurred on the date stated	-) 50
9.9	day,Z	hrs.	Dale of onset
G INK- plied. AC erly class	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	159	but
N don	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.	1150	
TH UNFAC	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of imports	nce:
HTH Hat it	12. BIRTHPLACE (CITY OR TOWN)		
Should s, so th	13. NAME OF SETTER!	A F XVA	Date of
PLAINL rmation fain term	14. BIRTHPLACE (CITY OR TOWN)		ses (violence), fill in also the following:
finformation sho	15. MAIDEN NAME SUS SATURE		Date of injury , 19
WRIT	17. INFORMANT OF FETTER A	Specify whether injury occurred in in	dustry, in home, or in public place.
ery ite F DE	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
WRIT	19. UNDERTAKER THIS DESSINAN	24. Was disease or injury in any way If so, specify	colated to occupation of deceased
N. B CAU	20. FILED 5-/ 1933 CABringe Miles	(Signed) (Address)	Junge , M.D.
	Regis		and Mo



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