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.

JUN 25 1935

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

Do not use this space.

17140

64
21
2

1. PLACE OF DEATH

County: Marion
Township: ~~Liberty~~
City: Palmyra (No. ..... St. ..... Ward)

Registration District No. 548.
Primary Registration District No. 4323.

File No. .....
Registered No. 29

2. FULL NAME James H. Settles

(a) Residence, No. Palmyra, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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 Belle Crane Settles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supeerintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Infirmary

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

1 12. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Abraham B. Settles

1 14. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Padilah Fowler

2 16. BIRTHPLACE (CITY OR TOWN) Kentuckey
(STATE OR COUNTRY)

17. INFORMANT B.C. Settles
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.
PLACE Greenwood Cem. DATE 5/27/35, 19

19. UNDERTAKER Lewis Bros
(ADDRESS) Palmyra, Mo.

20. FILED May 27, 1935 Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 25, 1935, I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	3 yrs.

Other contributory causes of importance: 97

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. G. Rozell, M. D.
(Address) Hannibal Mo.