

APR 24 1936

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

Do not use this space.

12087

1. PLACE OF DEATH

County Randolph
Township Prairie
City..... (No..... Ward)

Registration District No. 136
Primary Registration District No. 5964

File No.....
Registered No. 6

2. FULL NAME Mrs Nancy J. Settle.

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 45 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8th 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper.
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) 1928 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Ray Co.
(STATE OR COUNTRY) Mo.

13. NAME James Taylor.

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

15. MAIDEN NAME Martha J. Frazier.

16. BIRTHPLACE (CITY OR TOWN) N. C.
(STATE OR COUNTRY)

17. INFORMANT G. F. Settle.
(ADDRESS) Clark, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel Grove. DATE Mar 10th 1936

19. UNDERTAKER Shov Funeral Home.
(ADDRESS) Liberty, Mo.

20. FILED March 30 1936
G. T. Remond
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1936, to Mar 7, 1936.
I last saw him alive on Mar 5, 1936. Death is said to have occurred on the date stated above, at 9.30 m. PM

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

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) P. Woods, M. D.
(Address) Clark 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.

