

MAY 19 1936

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

Do not use this space.

14441

## 1. PLACE OF DEATH

County CaseRegistration District No. 156

Township

Primary Registration District No. 4090City Hannemann (No. ....)

St. .... Ward)

2. FULL NAME Charles A Settle(s) 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 25 yrs. - mos. - da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily B. Settle6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-18587. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 1 68. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Retired Farmer

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) (STATE OR COUNTRY) Kansas13. NAME James Settle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Nancy Majors16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Paul Settle  
Hannemann Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE 4/10 193619. UNDERTAKER (ADDRESS) Rimmerburg Bros  
Hannemann Mo20. FILED 4/10 1936 E. M. Griffith  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193622. I HEREBY CERTIFY, That I attended deceased from Mar. 9 1936 to Apr. 8 1936I last saw him alive on Apr. 8 1936 Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Chronic myocarditis  
Chronic glomerular nephritis

Date of onset

Other contributory causes of importance:

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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? No

If so, specify \_\_\_\_\_

(Signed) Emory Miller M.D.(Address) Hannemann, Mo.

10 x Miller

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.

