

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

Do not use this space.

30857

SEP 29 1938

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Hart

Primary Registration District No. 1022

City Kansas City

(No. 3675 Summit)

File No. 31152

Registered No. 31152

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3675 Summit 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/5/38, 19

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

22. I HEREBY CERTIFY That I attended deceased from Sept 1938 to Sept 1938, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 - 1882

I last saw him live on \_\_\_\_\_, 19. Death is said to have occurred on the date stated above \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 5 8 18

The principal cause of death and related causes of importance were as follows:  
Hungry  
165

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

Other contributory causes of importance:  
no

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

13. NAME Joel J. Settliff

Name of operation \_\_\_\_\_ Date 1938

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

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

15. MAIDEN NAME Elizabeth Washwood

23. If death was due to external causes (accident, suicide, or homicide), fill in all that apply: \_\_\_\_\_  
Date of injury \_\_\_\_\_  
Where did injury occur? 3675 Summit  
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Luetta H. Settliff  
3675 Summit

Manner of injury Wounded by a red hot

18. BURIAL, CREMATION OR REMOVAL PLACE Mr. Washwood DATE 8-7-38

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) City of Kansas  
W. C. ...

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED Aug 7 1938 M. M. Brown  
Registrar.

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

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.

