

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

Do not use this space.

MAY 28 1937

1. PLACE OF DEATH

County Maion
Township Maion
City Hannibal

Registration District No. 547
Primary Registration District No. 2029
(No. St Elizabeth Hospital)

File No. 16953
Registered No. 124
St. _____ Ward _____

2. FULL NAME Andrew J. Settle

(a) Residence, No. Mask Train Hotel 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

3. SEX male 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 Stella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Hannibal Mo

13. NAME Andrew J. Settle

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

15. MAIDEN NAME Ellen Doyle

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

17. INFORMANT Mr. Stella Settle
(ADDRESS) Mask Train Hotel, Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE April 12, 1937

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal Mo

20. FILED Apr 15 1937 W. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1937, to 4-9-37, 19____
I last saw h. alive on 4-9, 1937. Death is said to have occurred on the date stated above, at 11:25 p. m.

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

Cerebral Hemorrhage Date of onset 4-8-37

Other contributory causes of importance: Arteriosclerosis

Name of operation ne 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) W. C. Fisher, M. D.
(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. OCCUPATION should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

