

NOV 25 1938

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

36669
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 763
(b) Township Lawry City Primary Registration District No. 6005-9
(c) City Lawry City (d) Street No. 245-9 St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 341 Benjamin N. Settle St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Cannon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 11 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Regard Clerk
9. Industry or business in which work was done, as 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) Iowa

FATHER 13. NAME James Settle

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

MOTHER 15. MAIDEN NAME Martha Lentz

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

17. INFORMANT (ADDRESS) Mrs. B. N. Settle Lawry City

18. BURIAL, CREMATION, OR REMOVAL PLACE Kings Prairie DATE Oct 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wheatland Mo

20. FILED Oct 3 1938 Sophia J. Stratton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2nd 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:45 a.m. The principal cause of death and related causes of importance were as follows:

Patent found dead in bed cause of death unknown
Other contributory causes of importance: 20013
Date of onset Unknown

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) B. N. Cannon Escola, St. Clair

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-274

Date Filed 10-26-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. P. Luckey

or by

Registered Apprentice No., working under my personal supervision.

Signed

J. P. Luckey

Licensed Embalmer No. 2982

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.