

L. APR 7 1939

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

11695
Do not use this space.

1. PLACE OF DEATH
 (a) County Ne wton Registration District No. 6 11
 (b) Township Seneca Primary Registration District No. 4365 Registered No. _____
 (c) City Seneca (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 2. PRINT FULL NAME Charles Edward Setterstrom
 (a) Residence, No. Seneca Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Francis Juliette
WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
69 - 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist.
 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) Feb. 1939
 11. Total time (years) spent in this occupation 40
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island, Ill
 13. NAME Charles Edward Setterstrom
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden
 15. MAIDEN NAME Clara Peterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockholm Sweden

17. INFORMANT (ADDRESS) Francis Setterstrom
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Cem DATE Feb. 10, 1939
 19. FUNERAL DIRECTOR Mitchell-Chase (ADDRESS) Seneca, Mo.
 20. FILED Mar 1, 1939 Merle Sparlin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7th 1939
 22. I HEREBY CERTIFY, that I attended deceased from Feb. 7, 1939, to Feb. 7, 1939
 I last saw him alive on Feb 7, 1939 Death is said to have occurred on the date stated above, at 10:00 AM
 The principal cause of death and related causes of importance were as follows:

Heart Block
Chronic Myocarditis
 Date of onset 1926

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) M. D. Spencer, M. D.
 (Address) Seneca, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Barley Thompson, Licensed Embalmer No. 3259
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Barley Thompson

..... L. E.
No. 3259 or by, Registered Apprentice No.
working under my personal supervision.

Signed Barley Thompson
Licensed Embalmer No. 3259

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.)