REC'D JUN 8 1939

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

17563
Do not use this space.

Registered No. 1967

1. PLACE OF DEATH
(a) County Jackson (b) Registration District No. 399
(b) Township Kan Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 1332 Jefferson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME Simon G. Settles
(a) Residence, No. 1332 Jefferson 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-2-1886

7. AGE: Years 53 Months 3 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Tool & Dye
9. Industry or business in which work was done, as saw mill, bank, etc.: Maker
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): Radine Missouri

FATHER
13. NAME: J. D. Settles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Rolla Settles 1330 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE: Deepwater Mo DATE: May 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. C. P. Foster 918 Brooklyn K.C. Mo

20. FILED: May 10, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939 to May 10, 1939
I last saw him alive on May 10, 1939. Death is said to have occurred on the date stated above, at 6:55 p.m.
The principal cause of death and related causes of importance were as follows:

Brain Tumor (Non Malignant) 54 d — Date of onset 9-1-38

Other contributory causes of importance: None

Name of operation: None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) Chas S Nelson, M. D.
(Address) 3626 Gillham Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Theron A. Robinson

Licensed Embalmer No. 2737

P. O. Address.....

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

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