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

35538
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 1057
(c) or City St. Joseph, (d) Street No. 301 East Missouri Avenue, 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 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura L. Settle,
(a) Residence, No. 301 East Mo. Avenue 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: Female
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: Alonzo B. Settle,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 7th. 1869
7. AGE: YEARS 70 MONTHS 0 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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): Buchanan County, Missouri,

FATHER
13. NAME: Reuben George,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Kentucky,

MOTHER
15. MAIDEN NAME: Elizabeth J. McCulm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry, Missouri,

17. INFORMANT (ADDRESS): Mrs. Cecile M. Trotter 301 E. Mo. Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Oct. 18th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Bryant Bowen 319 So. 10th. Str. Funeral Home
20. FILED Oct 17, 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 16th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct, 17th, 1939, to Viewed, 19
I last saw h ####### alive on, 19 Death is said to have occurred on the date stated above, at 8:15 a m.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Date of onset
Other contributory causes of importance: Arterio sclerosis
Name of operation Date of
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 1 X16605

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 Oct 16, 1939

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P. O. Address [illegible] St Joseph

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.