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

35831
Do not use this space.

REC'D NOV 7 1939

1. PLACE OF DEATH
(a) County Clay — Registration District No. 203
(b) Township ~~Platte~~ 2 — Primary Registration District No. 4122 — Registered No. 32
(c) City Smithville 1 — (d) Street No. ..... 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 Maxie Settle
(a) Residence, No. Smithville, Missouri 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 Haiden Settle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1870

7. AGE: YEARS 69 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Clay County Missouri

FATHER
13. NAME Benjamin Taul 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER
15. MAIDEN NAME Patsy Ann Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Margaret Ross Smithville, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Smithville, Mo. DATE Oct. 25, 1939

19. FUNERAL DIRECTOR (ADDRESS) McComas Mortuary Smithville, Missouri

20. FILED 10/25, 1939 E. C. Hill
*Local Registrar.*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h..... alive on Coroner, 19..... Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

Rupture of Aorta — Date of onset

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Other contributory causes of importance:

Arterio Sclerosis

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) Mrs. W. L. Wysong Coroner
(Address) Liberty Clay Co Mo

(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.

I X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/6/39

**STATEMENT BY LICENSED EMBALMER**

I, Owen J Boggess, Jr., Licensed Embalmer No. 3940

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

**** L. E. ********

No. **** or by *******, Registered Apprentice No. *****

working under my personal supervision.

Signed Owen J. Boggess Jr

Licensed Embalmer No. 3940

**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.)**