FEB 20 1928

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

Do not use this space. 453

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Peculiar — Primary Registration District No. 5220 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Leroy Warren Settlemore
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 9 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF Emmalee Settlemore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Occupant of Co Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Lynne Mo.

PARENTS
10. NAME OF FATHER Francis Marion Settlemore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Elizabeth Hendricks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mabel Heimerdieger
(Address) 10706 Van Horn KC Mo

15. FILED 1/12 1928 A A Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1927, to Jany 9, 1928, that I last saw him alive on 9 of Jany, 1928, and that death occurred, on the date stated above, at 9:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
with chronic myocarditis
93C
107A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 70B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A G May, M. D
1/12, 1928 (Address) Harrisonville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Washington KC Mo
DATE OF BURIAL: 1/14 1928

20. UNDERTAKER: Runnenburger Bros & Co
ADDRESS: Harrisonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state