

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.

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

Do not use this space.

FEB 28 1937

2270

1. PLACE OF DEATH

County Missouri Registration District No. 5266
 Township Wright Primary Registration District No. 3030
 City Wright (No. 1) Sl. 13 Ward 13

File No. _____
Registered No. 13

2. FULL NAME

(a) Residence, No. W. O'Brien Landing - Wyatt, Mo. Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Settles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Year 54

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, 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) Mill Creek Illinois

MOTHER FATHER
 13. NAME Hiram Bradley Arkansas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Parlee Jordan Arkansas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Leo Hale Wyatt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Jan. 28 1937

19. UNDERTAKER (ADDRESS) Frank Lee Funeral Service Charleston, Mo.

20. FILED 1-28-37 F. J. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH 8PM.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 27 1937 to Jan. 27 1937
 I last saw her alive on Jan. 27 1937 Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:
Ch. Pulm. Tuberculosis Date of onset _____

Other contributory causes of importance:
Ch. Myo. corditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. J. Lusk M. D.
 (Address) Charleston, Mo.

