

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

43177
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper 2 Registration District No. 218
 (b) Township Boonville 1 Primary Registration District No. 3015
 (c) City Boonville (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.

Registered No. 133

2. PRINT FULL NAME Mrs. Sarah Jane Settles

(a) Residence, No. Cornery 3rd & Morgan Sts St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) Harris Settles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1871
 7. AGE YEARS 68 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year) Nov-1939 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1939, to Dec 5, 1939
 I last saw him alive on Dec 4, 1939. Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
acute cold
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo.

FATHER 13. NAME Jack Pharis

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

MOTHER 15. MAIDEN NAME Sally Ann Ridgeway

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

17. INFORMANT (ADDRESS) Mr. Harris Settles Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Dec 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Baker Boonville Mo

20. FILED 12-6 1939 D. Hooper Local Registrar.

Name of operation none 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
 _____, specify _____ (Signed) T. B. Bickett, M. D.
 _____ (Address) Boonville, Mo

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.

RECEIVED
District Health Officer No. 8,
04/16/71
District File Number
Filed

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 G. F. Boller
Licensed Embalmer No. 3062
P. O. Address Beemville, Mo.

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.