

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

Do not use this space.

9346

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Stama Primary Registration District No. 2002
 City Joplin (No. St. Ward)

2. FULL NAME James Franklin Self
 (a) Residence, No. 410 Ky Ave. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herryetta Self

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 | 2 | 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. owner.

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) Bentonville Ark.

13. NAME James W Self

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

15. MAIDEN NAME Mary Hubbard

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

17. INFORMANT (ADDRESS) Herryetta Self Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Danville DATE 3-6-34

19. UNDERTAKER (ADDRESS) Hurlbut and Co Joplin Mo

20. FILED 3-5-34 1934 Ed J Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-34

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1934 to Mar 7, 1934. I last saw deceased alive on Mar 1, 1934. Death is said to have occurred on the date stated above, at 2-A.M. The principal cause of death and related causes of importance were as follows:
Cerebral Disease
Probably due to
sub-infarct
 Date of onset

Other contributory causes of importance:
94%

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) W. J. Rogers, M. D.
 (Address) Joplin 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.

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OCCUPATION 15
MOTHER FATHER 20

