MAY 25 1934

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

Do not use this space.

File No. 12730

Registered No. 146

1. PLACE OF DEATH

County: JACKSON — Registration District No. 398

Township: — Primary Registration District No. 3019

City: INDEPENDENCE (No. 1305 W. LEXINGTON St. Ward)

2. FULL NAME RACHAEL E. SELF.

(a) Residence, No. 1305 W. LEXINGTON St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND or~~ (OR) WIFE OF WALTER M. SELF.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 17, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	0	5	

OCCUPATION

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

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) CRESCENT IOWA

FATHER

13. NAME JOHN P. STEPHENS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER

15. MAIDEN NAME EMMA (NO RECORD)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT WALTER M. SELF
(ADDRESS) 1305 W. LEXINGTON

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE APR. 24, 1934

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 615 W. MAPLE AVE. IND. P. MO.

20. FILED April 24 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 22, 1934.

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to April 22, 1934 (Last saw her alive on April 21, 1934) Death is said to have occurred on the date stated above, at 8:15 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic arterial hypertension	[illegible]
Chronic myocarditis	July 1932
Myocardial frailty	9 yr

Other contributory causes of importance: Edema 7 the legs 10 weeks
Cyanosis 15 hrs

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? no Date of injury none, 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) John P. Green, M. D.
(Address) Independence 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD