

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

Do not use this space.

21451

1. PLACE OF DEATH

County Pettis Registration District No. 1 1/2
Township _____ Primary Registration District No. 303.2
City Sedalia (No. 1517 So. Steward) St. _____ Ward _____

File No. 219
Registered No. 6-68

2. FULL NAME

Angeline Self
(a) Residence, No. 1517 So. Stew. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Self

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	87	4	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home.</u>
	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) Louisville Ky.

13. NAME Jerry Harbour

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

15. MAIDEN NAME Louisa Estes

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

17. INFORMANT Mrs. Frank Hausner
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE June 27 1934

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 6-27-1934 Jean Slack
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934 to June 25, 1934
I last saw her alive on June 25, 1934. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Cardiovascular - renal disease
Acute enterocolitis
Date of onset: June 20 1934

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

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) J. W. Boger, M. D.
(Address) 1201 S. Sedalia Mo.

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.

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