

OCT 25 1935

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

Do not use this space.

30199
10

1. PLACE OF DEATH

County Morgan Registration District No. 971
Township Richland Primary Registration District No. 5797C
City (No.) St. Ward

2. FULL NAME Stephen W. Self

(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Matilda Self (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8th. 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 7/15/35 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Morgan County
(STATE OR COUNTRY) Missouri

13. NAME John Henry Self

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

15. MAIDEN NAME Matilda Thoss

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

17. INFORMANT Chas. Self
(ADDRESS) Syracuse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse, Mo DATE 9/22/35

19. UNDERTAKER Jessie E. Richert
(ADDRESS)

20. FILED 24 1935 Omce E. Collier
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20/35, 1935

22. 6-15-35 I HEREBY CERTIFY That I attended deceased from 9-20-35, 1935
I last saw him alive on 9-15-35 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
Date of onset

Other contributory causes of importance:

Name of operation Symptoms Date of 7/10
What test confirmed diagnosis Symptoms 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 Chronic Myocarditis
(Signed) Chas. Self, M. D.
(Address) Syracuse, 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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