

JAN 21 1937

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

Do not use this space.

45575

1. PLACE OF DEATH

County Morgan
Township Morgan
City (No.)

Registration District No. 598
Primary Registration District No. 4355
5792

File No.
Registered No. 61

2. FULL NAME

Leonard B 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Counts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 - 1851</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>5</u>
		DAYS <u>22</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	13. NAME <u>No Record</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	15. MAIDEN NAME <u>No Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
FATHER	17. INFORMANT (ADDRESS) <u>Leonard B Self, no</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freedom</u> DATE <u>Dec 31 1936</u>
	19. UNDERTAKER (ADDRESS) <u>W. J. Kidwell, no</u>
	20. FILED <u>Dec 30, 1936</u> <u>W. J. Kidwell</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dawson Dec 29, 1936, to Dec 29, 1936, 19....
I last saw h. th. alive on road Dec 29, 1936. Death is said to have occurred on the date stated above, at 6:45 P. m.
The principal cause of death and related causes of importance were as follows:
Previous Stroke of Palms This Stroke Dec 29/1936. This came as above stated at 6:45 a complete stroke of Palms.
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 HERBlaekater M. D.
W. J. Kidwell, no. R. (Address)

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.

