

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.

92 JUL 3 0 1937

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

Do not use this space.

24396

1. PLACE OF DEATH

County West Missouri Registration District No. 556262
Township Anderson Primary Registration District No. 408-2 File No. 10
City (No.) St. Ward 135-3

2. FULL NAME

Thomas Lester 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) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed
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) Putnam Mo

13. NAME Harris Bland Self

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

15. MAIDEN NAME Reba Hurdleth

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

17. INFORMANT D. N. Self (ADDRESS) Putnam Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield DATE June 18 1937

19. UNDERTAKER A. D. [unclear] (ADDRESS) Putnam Mo

20. FILED July 10 1937 M. J. Murrin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to June 18, 1937.
I last saw him alive on June 17, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

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

Other contributory causes of importance:
11/18

Name of operation — Date of —
What test confirmed diagnosis? stomach 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?
If so, specify —
(Signed) [Signature], M. D.
(Address) Putnam Mo

