OCT 22 1937

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

Do not use this space.

File No. 34845

Registered No.

1. PLACE OF DEATH

County Morgan

Township Mill Creek

City Syracuse (No. , St. Ward)

Registration District No. 971

Primary Registration District No. 4578

2. FULL NAME Samuel Francis 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	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED (write the word)~~
Male	White	Married

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lora E. Self

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 8th. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	6	16	

OCCUPATION

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. Retired

10. Date deceased last worked at this occupation (month and year) 9-1-1936

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME John H. Self

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

MOTHER

15. MAIDEN NAME Patsey Jones

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

17. INFORMANT Mrs. Lora Self
(ADDRESS) Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse, Mo DATE 9-26-37, 19

19. UNDERTAKER Jewell E. Richards
(ADDRESS) Tipton, Mo

20. FILED Sept 27, 1937 Omer E. Cordry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 24th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937 to Sept 24, 1937
I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 10:P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age	

Other contributory causes of importance:

Name of operation 102 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?
If so, specify

(Signed) M. Diehl, M. D.
(Address) Syracuse, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.