

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

**791**

File No.....

**32140**

Township.....

Primary Registration District No.....

**1003**

Registered No.....

**9522**

City St. Louis Mo. (No.....) St..... Ward.....

**2. FULL NAME** Virginia Emma Majors

(a) Residence. No. 5414 Emerson Ave. St. 7 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)

Female

White

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

James W. Majors.

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

6/27/1872

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

55

3

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Joe

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

John Gallagher.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri.

12. MAIDEN NAME OF MOTHER

Susie Hutchins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia.

14.

INFORMANT (Address)

Mrs Ethel Shaw  
5414 Emerson Ave

15.

FILED

OCT 25 1927  
maub Starkov  
REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

10/24/27

19

17.

I HEREBY CERTIFY, That I attended deceased from

Oct. 1925, to Oct. 24, 1927  
that I last saw her alive on Oct. 24, 1927, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Perniciou Anemia  
following fall  
from bed at address  
(duration) 5 yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

Fracture of ribs  
accident  
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

at NOT AT PLACE OF DEATH.

18 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1927 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Memorial Park.

7/27/27 19

20. UNDERTAKER

ADDRESS

Provoch. Inc & Co  
3710 N. Grand

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.

RECORD IS A PERMANENT RECORD

C.A. 364