

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

Do not use this space.

6888

1. PLACE OF DEATH

County Randolph Registration District No. 731
 Township Green River Primary Registration District No. 5973
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John Merritt Major
 (a) Residence, No. _____ (Usual place of abode) Highway no R.F.D. 1 Ward _____
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mary Jane Major</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4 1850</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>10</u>
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <u>Methodist minister</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Methodist</u>		
10. Date deceased last worked at this occupation (month and year) <u>1925</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Obion Co Tenn</u>		
13. NAME <u>James M Major</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Northall McNeal</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT (ADDRESS) <u>John Major</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highway no 4</u> DATE <u>Feb 3 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Oldaker</u>		
20. FILED <u>Feb 6 1933</u> <u>Mary B. Shives</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1933 to Feb 1 1933
 I last saw him alive on Jan 31 1933 Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chrom 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 _____
 (Signed) W. M. Beckerson, M. D.
 (Address) Arresting no.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

