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.

JAN 3 1934

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

Do not use this space.

38201

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1023 ..... Registered No. 9838

City St. Louis (No. Barnes Hospital ..... St. ..... Ward)

2. FULL NAME Lillian Alberta Major

(a) Residence, No. 5007 Waterman St. ~~[illegible]~~ Ward. 12 (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12 - 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Illinois

FATHER

13. NAME Conrad Fulmer

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

MOTHER

15. MAIDEN NAME (Not known) Hoover

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

17. INFORMANT (ADDRESS) Opal H. Conger 5007 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit, Ill DATE Nov. 16, 1933

19. UNDERTAKER (ADDRESS) A. Kron L. Co 2707 N. Grand Ave

20. FILED NOV 15 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1933, to 11-14, 1933

I last saw her alive on 11-14, 1933. Death is said to have occurred on the date stated above, at 11 30 A.m.

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

	Date of onset
Tumor of pancreas - malignant (?)	?
46F	

Other contributory causes of importance: Shock at operation

Name of operation Exploratory laparotomy Date of 11-14-33

What test confirmed diagnosis? Operation Was there an autopsy? yes

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) F. R. Bradley MD, M. D.

(Address) Barnes Hospital