

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

Do not use this space.

00T 19 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township J.C. Mo. Primary Registration District No. 1002 File No. 33321
 City J.C. Mo. (No. General Hoop #2 St. 3rd Ward) Registered No. 3768

2. FULL NAME Charles Majors
 (a) Residence, No. 1818 E. 9th St. 3rd Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 Jun 1865

| | | | | |
|-----------|----------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| <u>72</u> | <u>5</u> | | | |

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

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) Texas

13. NAME Charles Majors

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Caroline Miller (ADDRESS) 1818 E 9th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9-18-37

19. UNDERTAKER A. B. Moore (ADDRESS) 1820 E 18th St

20. FILED 9-17 1937 M. M. Crowe, reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1937 to 9-16 1937

I last saw him alive on 9-16 1937 Death is said to have occurred on the date stated above, at 4:50 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary Tuberculosis Date of onset 23
acute hemorrhagic enteritis due to intestinal obstruction of undetermined origin
acute diffuse suppurative peritonitis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) A. B. Moore M. D.
 (Address) General Hoop #2

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.

