

REC'D JUN 9 1938

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

From
18801
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township Macon Primary Registration District No. 3027 Registered No. 33
(c) City Macon (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wm. San Major 210 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Macon, Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matte Major
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common laborer
9. Industry or business in which work was done, as 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) Mo. 0

FATHER 13. NAME Thomas Major 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER 15. MAIDEN NAME Jana Major
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Matte Major
Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon DATE May 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert Shuman
Macon, Mo.

20. FILED 6/3 1938 Becky Hentow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

I HEREBY CERTIFY, That I attended deceased from May 20 1938 to May 26 1938
I last saw him alive on May 26 1938 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

cardio-vascular-renal disease
Date of onset 5 to 10 yrs.

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical. 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) M. G. Lowmyer, M. D.
Macon, Mo.

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.

