REC'D MAR 13 1939

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

3
1

Do not use this space.

7189

File No.
Registered No. 11.

1. PLACE OF DEATH

County Marion — Registration District No. 548.
Township Liberty — Primary Registration District No. 5740.
City ..... (No. ..... St. ..... Ward)

260

2. FULL NAME Wm. Major

(a) Residence, No. Co. Infirmery St., ... 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) – Ada Barr Major

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE: Years 70 | Months not known | Days | If LESS than 1 day, ...hrs. or ....min.

App.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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) Monroe Co. Mo. 0

FATHER

13. NAME Beachum Barr 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

MOTHER

15. MAIDEN NAME Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Steve Drake, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Co. Cemetery DATE 2/14 1939

19. UNDERTAKER (ADDRESS) E. J. Sprague, Palmyra, Mo.

20. FILED Feb 14 1939 Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 12, 1939
I last saw h. alive on Feb 12, 1939. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Dnt Tuberculosis
Pneumonia
Infirmary Pt. for
Glaucoma
Rec.

Other contributory causes of importance:

200 B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) H. A. Rosell, M. D.
(Address) Palmyra Mo

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.