

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.

6

DEC 15 1934

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

Do not use this space.

39206

1. PLACE OF DEATH

County St. Louis Registration District No. 347
Township Clinton Primary Registration District No. 2018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Carl a. majors
(a) Residence No. 701 E franklin Ward _____
(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 m 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 Erminie majors

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1883

7. AGE YEARS 51 MONTHS 10 DAYS 17 If LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo

13. NAME Chas m majors

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

15. MAIDEN NAME Emma Violet

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

17. INFORMANT Mr. Erinson majors (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood Cem DATE 11/19 34

19. UNDERTAKER Consolidated + Plunk (ADDRESS) Clinton mo

20. FILED 11-17 1934 J. B. H. [Signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th 1934

22. I HEREBY CERTIFY, That I do deceased 4 am Nov. 17th 1934 1934

I last saw him alive on Dec 17th 1934 Death is said to have occurred on the date stated above, at 10:30 a.m. 711

The principal cause of death and related causes of importance were as follows:
Heart Disease Date of onset _____

There was an injury held Nov. 17, 1934 at 4 o'clock P.M.

Other contributory causes of importance:
Head to floor had high blood pressure and injury at Nov. 17, 1934

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 each of the following: Accident, suicide, or homicide? _____ Date of injury Nov 17, 1934

Where did injury occur Subway cars while getting out of car (Specify city or town, county, and State)
As above stated

Manner of injury injury by being struck
Nature of injury by a Beat. injury to chest

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) M. J. [Signature] (Address) Corrupt of Hwy Co Mo
Chas m. [Signature]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry Registration District No. 947
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ (Ward _____)

File No. _____
 Registered No. 60

2. FULL NAME

Carl A. Majors
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 11 17

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

MOTHER FATHER
 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 10-27 1934 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Impaled Nov 16 - 1934
deceased had no history. He fell from a chair in doctor's office.
 Date of onset _____
 Other contributory causes of importance: _____

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

23. If death was due to external cause (violence) fill in space 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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

J. R. Hampton

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 8 0 193E

S(2)-39206



ADDRESS ALL COMMUNICATIONS
TO THE STATE BOARD OF HEALTH

E. T. McGAUGH, M. D.
STATE HEALTH COMMISSIONER

THE STATE BOARD OF HEALTH
OF MISSOURI
CITY OF JEFFERSON
March 20
1935

Dr. J. R. Hampton
Clinton, Missouri

Dear Dr. Hampton:

We are writing to you in regard to the death certificate received in this office for EARL A. MAJORS, date of death being November 17, 1934.

We would appreciate very much your finding out from the doctor who was in attendance at this death the cause of death on the original and the cause of death on the supplemental differing so completely. The cause of death on the original states that this man had heart disease, high blood pressure and received an injury on November 16, 1934. It also states that an inquest was held November 17, 1934. The supplemental certificate states that the deceased had no injury, did not fall and that he was found dead sitting in a chair in the doctor's office.

We do not wish to put you to a great deal of trouble in this matter, but we feel sure you will cooperate with this office in clearing this matter up. By direction of Dr. E. T. McGaugh, State Health Commissioner.

Very respectfully,

Herman S. Gove, M.D.

Herman S. Gove, M. D.
Assistant State Registrar

HSG:AA

*To State Board of Health,
Jefferson City, Mo.*

*Further information: Registrar should use
Dr. Hampton's Registrar should use
the above letter. I never treated Mr. Majors
in my life. He fell out of a boat while
fishing in the Coon River. In falling*

the boat hit him on the side of
his body and caused him much
pain. He called in an Astropath
that same night at his house
and was given treatment for
his injuries. Next morning his wife
dove him down to the doctors
office. He ascended the steps alone.
The doctor was not in when he
arrived at his office & the Nurse showed
Mr. Major over the covered porch of
rooms. The Astropath had not yet
arrived. Mr. Major went in and
put down in a chair in the reception
room. From thereafter the Nurse heard
loud breathing & upon going in to where
Mr. Major's father found him struggling for
breath & was soon dead without
requiring any measures. The Astropath
soon came & found him as I did
when I arrived sitting up in a chair
with back against the wall and his
legs crossed over the other, dead.
Am sorry there was any discrepancy
in the two reports. He did not
fall before he died. He fell from
the boat did not necessarily
cause his death.

Yours truly
Wm. T. Jennings, M.D.
Coroner of Albany Co,
N.Y.