

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.

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

PLACE OF DEATH  
County Saline  
Township Miami  
or  
Village X  
or  
City Miami (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 797  
Primary Registration District No. 4677

File No. 32826  
Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Fannie E. Payton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE Single  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH Feb. 7<sup>th</sup> 1909  
(Month) (Day) (Year)

AGE 1 yrs. 7 mos. 23 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work X  
(b) General nature of industry, business, or establishment in which employed (or employer) X

BIRTHPLACE  
(City or town, State or foreign country) Miami Mo

PARENTS  
NAME OF FATHER John Payton  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Miami Mo  
MAIDEN NAME OF MOTHER Lucy Cook  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Carroll Co Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John H. Peyton  
(ADDRESS) Miami Mo.

Filed Oct-1 1910 Frank H. Sullivan  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 15, 1910, to Sept 30, 1910, that I last saw her alive on Sept 22, 1910, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH\* was as follows:

Tuberculosis

Contributory X  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) H. D. Arcidely M. D.  
Oct 1, 1910 (Address) Miami Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. 7 mos. 23 ds. In the State 1 yrs. 7 mos. 23 ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Miami Cemetery DATE OF BURIAL Oct 1st, 1910

UNDERTAKER L. H. Cunningham ADDRESS Miami Mo.

