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

Do not use this space.

27285

399

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City Mo (No. Old City Hosp. St. 3515 Ward)
Registration District No. 1002
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Si Payne
(a) Residence. No. ~~Old City Hospt~~ St., 9 Ward.
(Usual place of abode) 559 Cottage Lawn
(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 ed
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1876

7. AGE Years 51 Months 8 Days 11 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Frank Payne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER An. Townsand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Dan Hatcher
(Address) 559 Cottage Lawn

15. FILED 9-15 1927 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-12- 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/7/ 1927, to 9/12/27, 19.. that I last saw h.. alive on 9/12/27, 19.., and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrhage
23A
23B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary TB.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum & Xray
(Signed) H M Smith, M. D
9/12, 1927 (Address) Old City Hospt.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ~~West Lawn~~ Ridge Lawn Cem
DATE OF BURIAL 9-17 1927

20. UNDERTAKER H B Moore
ADDRESS 1820 E 18