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.

27258

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: [illegible]

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: [illegible]

City: Kansas City (No. Evangelic Hospital St. Ward)

2. FULL NAME Harry P. Payton

(a) Residence. No. Sibley, Mo. St., Ward. Sibley, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida M. Payton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 31st 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	60	9	~~4~~ 5	

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

121A
129
92A

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: David Payton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): don't know

12. MAIDEN NAME OF MOTHER: don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT (Address): Mrs Ida M Payton, Sibley Mo.

15. FILED 8/7, 1928 M. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

6

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 5th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1928, to Aug 5, 1928, that I last saw him alive on Aug 5, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chr. Myocarditis Metrol regurgitation & Dilitation Ruptured appendix & Peritonitis (duration) yrs. mos. ds.

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

117

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Sibley Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 2-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. M. Mieres, M. D.

8/7, 1928 (Address) Chambers Bldg

*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	DATE OF BURIAL
Sibley Mo	8/8/28 19
20. UNDERTAKER	ADDRESS
R.V. Lindsey & Sons	KC Mo.