

40394

JAN 23 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County HowardTownship PayetteCity Payette (No.)Registration District No. 378Primary Registration District No. 4222File No. Registered No. 82St. Ward

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St. Ward

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U.S., if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT Ellis Miller
(Address) Payette

15.

FILED 1-23-29V.C. Bonham

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 31 1928

17.

I HEREBY CERTIFY That I attended deceased from 7:10 29-12-28 1928, to Dec 30 1928 that I last saw him alive on Dec 30 1928, and that death occurred, on the date stated above, at 7 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Trouble super-
induced by Grip
11/3

(duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 1 da.

18. WHEN WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

1) DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Phys. J. Payne, 19 (Address) 113 1/2 N. Main St. Payette

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL 1-2-29

20. UNDERTAKER

ADDRESS City of Payette

