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.

40624

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 4228 Bell St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME James Payne,
(a) Residence. No. 4228 Bell St., 7 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? 48 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Elizabeth Payne,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 1857

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 71 | 5 | 12 | |

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

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

PARENTS
10. NAME OF FATHER: Henry Payne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Phoebe E. Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England.

14. INFORMANT: Thomas E. Payne
(Address) 4467 Booth. K.C.Ks.

15. FILED 12/9, 1928 M. M. Crowe REGISTRAR
Asst

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-7, 1928, to 12-8, 1928, that I last saw him alive on 12-7, 1928, and that death occurred, on the date stated above, at 5:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
114
107A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ~~not~~
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]
(Signed) [illegible], M. D
12-8, 1928 (Address) Rosedale K

*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: Forest Hill
DATE OF BURIAL: Dec. 11 1928.

20. UNDERTAKER: H. W. Gates
ADDRESS: K. C. Ks.