

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

Do not use this space.

4605

File No. ....

Registered No. 1289

St. .... Ward)

**1. PLACE OF DEATH**

County.....

Registration District No. 78.

Township.....

Primary Registration District No. 1003

City..... (No.) 15<sup>th</sup>

W. 21<sup>st</sup> St.

**2. FULL NAME**

*Arvel Payne*

(a) Residence. No. 1215<sup>th</sup> St.

City, 21 Ward.

(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

*Male*

4. COLOR OR RACE

*col*

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

*Single*

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

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

*March 9 - 1927*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*1*

*10*

*15*

8. OCCUPATION OF DECEASED

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

*mill*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*St Louis*

(STATE OR COUNTRY)

*mo.*

10. NAME OF FATHER

*Elijah J. Payne*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Henderson*

(STATE OR COUNTRY)

*Ky*

12. MAIDEN NAME OF MOTHER

*Stella Brady*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Louisville*

(STATE OR COUNTRY)

*Ky*

14.

INFORMANT

(Address)

*Elijah J. Payne  
1215<sup>th</sup> St  
21<sup>st</sup> St*

15.

FILED

27

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

19

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1 - 24 - 1929*

17. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to....., 19.....,

that I last saw h..... alive on....., 19....., and that

death occurred, on the date stated above, at..... *6:45 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Branch Pneumonia*

*Primary*

*10 1/2* (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) *WMA*

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *John J. [Signature]*

*1/15, 1929* (Address) *Deputy Coroner*

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL

*Green Wood Cem.* DATE OF BURIAL *1 - 28, 1929*

22. UNDERTAKER

*Peoples and Co* ADDRESS *3108 Frank*

K. 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.

THIS IS A PERMANENT RECORD

1  
2  
2

