

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

Do not use this space.

11963

PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Moberly (No. 623 Franklin)

File No. _____

Registered No. 56

St. _____ Ward _____

2. FULL NAME

Nancy C Payne

(a) Residence. No. 623 Franklin St. _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

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

Wm H Payne

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

Nov 25th 1856

7. AGE

YEARS

72

MONTHS

3

DAYS

16

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

8. OCCUPATION OF DECEASED

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

at home

(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)

Tenn.

10. NAME OF FATHER

William Winscott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

"

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

"

14.

INFORMANT (Address)

Wm H Payne Moberly, Mo

15.

FILED

3/27 1929

D. H. Fleming REGISTRAR

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

March 14th 1929

17.

I HEREBY CERTIFY, That I attended deceased from March 1st 1929, to March 14th 1929, that I last saw her March 14th 1929, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of uterus

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF _____

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

John Hadden

M. D.

3-16th 1929 (Address)

Moberly Mo

*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

Moberly Mo.

3-16th 1929

20. UNDERTAKER

ADDRESS

Mahon and Son

Moberly Mo.

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.

APR 30 1929

