

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

Do not use this space.

31153

1. PLACE OF DEATH

County Jasper

Registration District No. 411

Township

Primary Registration District No. 2002

City Joplin Mo. (No.)

File No.

Registered No. 380

St. Ward)

2. FULL NAME

(a) Residence No. 1820 Euclid 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

wh

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

mar

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

Mrs. Pearl Payne

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

Sept 3 1884

7. AGE

YEARS MONTHS DAYS
45 — 2
If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Painter

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

Contracting

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

East Chicago, Ind.

10. NAME OF FATHER

George Payne

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Dora E. Bagley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas

14. INFORMANT

(Address)

Mrs. Pearl Payne
1820 Euclid

15. FILED

9-9-29

A. Benson Registrar

7 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 5 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1929, to Sept 5, 1929 that I last saw deceased alive on Sept 10, 1929, and that death occurred, on the date stated above, at 108 Euclid

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Robert
108 Euclid
99A
101 W. Euclid
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

✓ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓

18 Did an operation precede death. DATE OF ✓

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS

9/7 (Signed) A. M. Bailey M. D.
1929 Address Joplin 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

Fairview Cem Sept 7 19 29

20. UNDERTAKER

ADDRESS

Frank-Dieter Co. Joplin Mo

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.

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