

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

Do not use this space.

PLACE OF DEATH

County Macon
Township Russell
City..... (No.....) St..... Ward.....

Registration District No. 531
Primary Registration District No. 5718 B

File No. 41350
Registered No. 13

2. FULL NAME

Dorcy Leona Payne

(a) Residence. No..... 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

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1 - 1875

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
54 | 9 | 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Maloy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha E. Lasky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY)

14. INFORMANT Jessie Payne
(Address) Bracklin Rt. D. No 3

15. FILED 12-17-29 G. T. Gunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1929 to Dec 13 1929 that I last saw h. _____ alive on _____ 19____ and that death occurred, on the date stated above, at _____ 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Acute

CONTRIBUTORY (SECONDARY) 88-13

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Doc West M. D.

Dec 13, 1929 (Address) new Amber in 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 Little Country DATE OF BURIAL Dec 15 1929

20. UNDERTAKER Ed. Herrman ADDRESS Bracklin

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21 1930

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 531 File No. _____
 Township Russell Primary Registration District No. 1-718 B Registered No. 13
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Lovey Levon Payne
 (a) Residence. No. _____ 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 | 9 | 2 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Howard (STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Paloy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Levin Co Mo

12. MAIDEN NAME OF MOTHER Mrs E. Lockett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo

14. INFORMANT Jessie Payne (Address) Bucklin R.F.D. no 3

15. FILED 1-1-1929 J. G. Sherkut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1929
 17. I HEREBY CERTIFY That I attended deceased from Dec 2 1929 to Dec 13 1929 that I last saw him _____ since on _____ 19____, and that death occurred, on the date stated above, at _____ 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis - acute
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) C. O. West M. D.
Dec 13, 1929 (Address) New Cambria 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 Outside Cemetery DATE OF BURIAL Dec 15 1929

20. UNDERTAKER Ed. Herman ADDRESS Bucklin Mo

N. B.—Every item of information should be carefully supplied. AGE, SEX, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-41350