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

Do not use this space.

10682

1. PLACE OF DEATH

County Mo. Registration District No. 791 File No.

Township Primary Registration District No. 1092 Registered No. 2692

City St. Louis (No. St. Louis Mat. Hosp. St. Ward)

2. FULL NAME Baby Payton

(a) Residence. No. York Village Clayton Mo. Ward. 12 Clayton Mo.
(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 – 1 – 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 20 min.

8. OCCUPATION OF DECEASED 159

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Leland Rodmond Payton

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

12. MAIDEN NAME OF MOTHER Mary Close

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT Leland R. Payton
(Address) Clayton Mo.

15. FILED MAR 17 1930 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 – 1 – 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 55/AM. 3 – 1, 1930, to 11 15/AM 3 – 1, 1930 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 7A.

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 [illegible]

(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Jno E Hobbs, M. D.

3-10, 1930 (Address) St. Louis Maternity Hospital

*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 Washington University

DATE OF BURIAL 3 – 1 – 1930

20. UNDERTAKER Medical School assigned as Specimen

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.