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.

NOV 28 1930

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

Do not use this space.

31976

1. PLACE OF DEATH
County Worth
Township Sheridan
City Sheridan (No. ... St. ... Ward)
Registration District No. 904
Primary Registration District No. 6215
File No.
Registered No. 12

2. FULL NAME Mary Lou Payton
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) April 21 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9. BIRTHPLACE (city or town) Worth Co.
(State or country) Mo.

PARENTS
10. NAME OF FATHER Austin Payton
11. BIRTHPLACE OF FATHER (city or town) Worth Co.
(State or country) Mo.
12. MAIDEN NAME OF MOTHER Elna Allee
13. BIRTHPLACE OF MOTHER (city or town) Worth Co.
(State or country) Missouri

14. Informant Mr. Austin Payton
(Address) Sheridan, Mo.

15. Filed Oct 3, 1930 F. G. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1930, to Sept 13, 1930 that I last saw her alive on Sept 13, 1930, and that death occurred, on the date stated above, at 5 30 P.m.

THE CAUSE OF DEATH* was as follows:
Cholera infantum 120A 13A
(duration) ... yrs. ... mos. ... ds. 120B
CONTRIBUTORY (SECONDARY) Enteritis
(duration) ... yrs. 3 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? Physical findings
(Signed) J. Rose M.D. M. D
, 19 (Address) Grant City 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 Isadora Cemetery
DATE OF BURIAL Sept 14 1930
20. UNDERTAKER Long & Boyd
ADDRESS Sheridan, Mo