

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 18 1931

PLACE OF DEATH
 County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph Mo. (No. Water Works Road) St. _____ Ward _____

2. FULL NAME Harold E. Payne
 (a) Residence, No. 721 Newey Ave., 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.

File No. 317
 Registered No. 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 | 3 | 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mechanical Dentist
 (b) General nature of industry, business, or establishment in which employed (or employer) 211
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago, Illinois
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry E. Payne

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chicago, Illinois
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Daisy Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cincinnati, Ohio
 (STATE OR COUNTRY)

14. INFORMANT Harry E. Payne
 (Address) St. Joseph, Mo.

15. J. W. Taddock REGISTRAR
 FILED 317 19 31

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 2:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Airplane Crash, Passenger, Nose diving stunt near St. Joseph Mo. at Purman's Field on Water Works Road
 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History
 (Signed) B. W. Taddock Coroner M. D.
1/5, 19 31 (Address) 821 Francis

*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 Quincy, Illinois DATE OF BURIAL Jan. 10, 1931

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Calhoun

