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

Do not use this space.

15543

File No. .....

Registered No. .....

1. PLACE OF DEATH
County St Louis
Township Central Park
City Elmwood Mo. (No. Box 727 R.R. #2 St. ..... Ward)

Registration District No. 790
Primary Registration District No. 6033

2. FULL NAME Mark Payne
(a) Residence. No. Box 727 RR-2 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.

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Cold	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-1-1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	5		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor 236
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Alfred Payne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cincinnati, O.
12. MAIDEN NAME OF MOTHER Mattie Rollins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Mo

14. INFORMANT Ocreter Payne
(Address) Elmwood Pk Mo

15. FILED May 1 1931 K. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/28 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/29, 1931, to 4/28, 1931 that I last saw h..... alive on 4/28, 19..., and that death occurred, on the date stated above, at 2:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Tongue
45B
..... (duration) One yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Anthrax
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 45B
IF NOT AT PLACE OF DEATH .....
9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) G. L. Reynolds, M. D.
4/28, 1931 (Address) Valley Gross 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 Washington Park
DATE OF BURIAL 5-3 1931

20. UNDERTAKER J C Lewis
ADDRESS Wes. Grove Mo