

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

Do not use this space.

**1. PLACE OF DEATH**

County: Dallas  
Township: Washington  
City: \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 247  
Primary Registration District No. 5342

File No. 24623  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1931

7. AGE YEARS MONTHS DAYS 8 LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Tex  
(STATE OR COUNTRY)

10. NAME OF FATHER Warren Day  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo  
12. MAIDEN NAME OF MOTHER Myrtle Payne  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

14. INFORMANT Jamies Payne  
(Address) Missouri R.R. #3

15. FILED 8-10-31  
L. Galbot REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-7, 1931, to 7-9, 1931, that I last saw him alive on 7-9, 1931, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cranial fracture at birth  
160B

CONTRIBUTORY (SECONDARY) 160B  
(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? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. W. Rindoo, M. D.

July 4 1931 (Address) Conway  
\*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 Mathis Cemetery DATE OF BURIAL 7/15 1931

20. UNDERTAKER R. H. Moffat Conway Mo  
ADDRESS \_\_\_\_\_

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. AUG 25 1931

