

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.

OCT 23 1931

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

Do not use this space.

31626

File No. 299
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jasper
Township _____
City Joplin, Mo.

Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME

(a) Residence, No. 2126 Main 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Earnest P. Payne

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10/1907

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 — 17

9. OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

10. OCCUPATION Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

11. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. MOTHER FATHER NAME Charles Hall

14. MOTHER FATHER BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MOTHER MAIDEN NAME Flossie Ellis

16. MOTHER BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Earnest P. Payne (ADDRESS) 2126 Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Sept. 29, 1931

19. UNDERTAKER Frank Seabrook Co (ADDRESS) Joplin, Mo.

20. FILED Sept 29, 1931 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931 to Sept 27, 1931. I last saw him alive on Sept 26, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 4/6/29

23A. Other contributory causes of importance: 25

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? If so, specify _____ (Signed) Mervin Clark, M. D. (Address) Joplin, Mo.

