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.

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

Do not use this space.

34540

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4259
City Kansas City Research Hosp. (No. ..... St. ..... Ward)

2. FULL NAME Rosa D. Payne
(a) Residence, No. ~~Liberty, Mo.~~ St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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 white — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8-1887

7. AGE — YEARS 43 — MONTHS 10 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) one month
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME E. F. Haward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Emma Heast
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. H. Payne Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 10/21 1931 Fairview

19. UNDERTAKER (ADDRESS) Church-Archer Co Liberty, Mo.

20. FILED 10/20 1931 M. M. Crowe Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 19, 1931.
I last saw her alive on Oct 19, 1931. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	8 yrs
Cholelithiasis	
126	126
	1926
	126

Other contributory causes of importance: General Peritonitis (Bile)

Name of operation Cholecystectomy Date of Oct 12
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) John Ogilvie, M. D.
(Address) 1002 Argyle

OCT 8 1952