

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

Do not use this space.

40701

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 330

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3017

Registered No. \_\_\_\_\_

City St. Louis (No. 1610 E. 8th.)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Harry R. Payne

(a) Residence, No. 1610 E. 8th St. \_\_\_\_\_

(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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 21 3 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER 13. NAME W. T. Payne

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

MOTHER 15. MAIDEN NAME Oliver Nash Rader

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

17. INFORMANT (ADDRESS) Willard Payne Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenbury F. O. F. DATE Dec 3, 1931

19. UNDERTAKER (ADDRESS) Wagon Funeral Home Trenton Mo

20. FILED Dec 3 1931 E. A. Duffy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Dec 1, 1931

I last saw him alive on Dec 1st, 1931. Death is said

to have occurred on the date stated above, at 8:15 AM.

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

Bronchial Pneumonia  
26  
110

Date of onset Nov 26 1931

Other contributory causes of importance:

Paras Alergia - left  
Empyema left Thorax  
Typhoid fever

1927  
Nov 31  
Sept 21

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? NO

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) W. R. Jones, M. D.

(Address) Trenton MO

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—THIS IS A PERMANENT RECORD

