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.

FEB 23 1932

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

Do not use this space.

446

1. PLACE OF DEATH

21 County Chariton — Registration District No. 171 — File No.

Township Keytesville — Primary Registration District No. 5237 — Registered No. 1

City Keytesville (No. ..... St. ..... Ward)

2. FULL NAME William Harry Payton

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah P. Payton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6th 1845

7. AGE: Years 86 — Months 8 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer — 126

(b) General nature of industry, business, or establishment in which employed (or employer): — 127

(c) Name of employer: — 162

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntsville Mo. — 1

PARENTS

10. NAME OF FATHER: Derrette Payton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky — 2

12. MAIDEN NAME OF MOTHER: Martha Bess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Oscar Payton
(Address) Mansfield Illinois

15. FILED Jan 31, 1932 Zettie Sneed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1932, to Jan 30, 1932, that I last saw him alive on January 27, 1932 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis, cholelithiasis with complete obstruction of the common bile duct.

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at place of death.

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) O. H. Dawson, M. D.

, 19 (Address) Keytesville 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: Keytesville Mo. — DATE OF BURIAL: Jan 31 1932

20. UNDERTAKER: Hyde & Garnett — ADDRESS: Keytesville