

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

Do not use this space.

13058

1. PLACE OF DEATH

54 County Lafayette Registration District No. 460
 5 Township Higginsville Primary Registration District No. 562374
 4 City Higginsville (No. 7274) St. _____ Ward _____

File No. _____

Registered No. 32

St. _____ Ward _____

2. FULL NAME

Robert A. Payne

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>00</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Co. Va. USA

13. NAME Robert Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. USA

15. MAIDEN NAME Sarah Meeter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. USA

17. INFORMANT (ADDRESS) B. F. Bowler Higginsville

18. BURIAL, CREMATION, OR REMOVAL PLACE and name DATE 4/11/32

19. UNDERTAKER (ADDRESS) Higginsville Mo

20. FILED 4-11-32 1932 Dr. W. A. Braecklein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to Apr 8, 1932

I last saw him alive on Apr 9, 1932 Death is said

to have occurred on the date stated above, at 10 P. m.

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

myocardial
130 9310
162
 Other contributory causes of importance: Senility 1

Date of onset

cont
day

Name of operation none 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) B. F. Bowler, M. D.

(Address) Higginsville

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.

MAY 25 1932

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