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. 19061

1. PLACE OF DEATH
26 County Cole — Registration District No. 213 — File No. 137
Township Jefferson — Primary Registration District No. 2293 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ed. Payne
(a) Residence, No. Russelville 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1871

7. AGE — YEARS: 61 — MONTHS: — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Russelville, Mo. 1

FATHER
13. NAME John B. Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russelville, Mo.

MOTHER
15. MAIDEN NAME Eliz. Legg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russelville, Mo.

17. INFORMANT Mr. Frank Payne
(ADDRESS) Russelville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel DATE 6/20 1932

19. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) J. C. Mo.

20. FILED June 24, 1932 Da Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

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

	Date of onset
Broken neck	
Fracture cervical vertebra	
Scalp wound	
210	
Other contributory causes of importance:	
210 ①	201

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? accident Date of injury ....., 19.....
Where did injury occur? Cole Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Auto wreck.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edw. Mauser, M. D.
(Address) Jeff City, Mo