

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

Do not use this space.

29112

**1. PLACE OF DEATH**

County Howard  
Township Clinton  
City Shannon (No. \_\_\_\_\_)

Registration District No. 329  
Primary Registration District No. 4273

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Oliverian Payne

(a) Residence, No. Shannon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>negro</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>widowed</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF <u>Nelson Payne</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>March 4, 1848</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>84</u>	<b>MONTHS</b> <u>6</u>	<b>DAYS</b> <u>15</u>	<b>If LESS than 1 day,</b> _____ hrs. or _____ min.
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Housewife</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>unknown Missouri</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Sam Casow</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Missouri</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>unknown</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>unknown</u>			
<b>17. INFORMANT</b> <u>Lucy Sanford</u> (ADDRESS) <u>Barrel Ford</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Shannon Mo.</u> DATE <u>Sept 21, 1932</u>				
<b>19. UNDERTAKER</b> <u>Wambier &amp; Audsley</u> (ADDRESS) <u>Shannon Mo.</u>				
<b>20. FILED</b> <u>9/23, 1932</u> <u>Parson Temple</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 19, 1932

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ 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:

Respiratory. Had been helped by \_\_\_\_\_ when had a stroke  
167  
Other contributory causes of importance:  
167 (1)

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? \_\_\_\_\_ 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?** \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) W. H. Shaw M. D.

(Address) Shannon 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.

OCT 26 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

