

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

Do not use this space.

29750

1. PLACE OF DEATH
 59 County Livingston Registration District No. 508
 Township _____ Primary Registration District No. 3026
 1 City Chillicothe (No. _____) St. _____ Ward _____
 2. FULL NAME Mrs. Alice Payne
 (a) Residence, No. 103 E. Park St., 2 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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. Payne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Howard Co Mo
 FATHER 13. NAME A. Kingsbury
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo
 MOTHER 15. MAIDEN NAME Susan Wicks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Navy Franklin Mo
 17. INFORMANT Bolton Payne
 (ADDRESS) Chillicothe Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE S. Col. Cemetery DATE 10-1 1932
 19. UNDERTAKER F. B. Norman
 (ADDRESS) Chillicothe Mo
 20. FILED Oct. 1 1932 P. Barney
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Sept 29 1932
 I last saw her alive on Sept 29 1932 Death is said to have occurred on the date stated above, at 10:48 am.
 The principal cause of death and related causes of importance were as follows:
Heart decompensation
Chronic Hypertension
 Date of onset
 Other contributory causes of importance:
Chronic Hypertension
 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) R. J. Burman, M. D.
 (Address) Chillicothe, Mo.

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.

OCT 26 1932

