

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

Do not use this space.

27622

**1. PLACE OF DEATH**

96 County St. Louis  
Township Carondelet  
City St. Louis

Registration District No. 1122  
Primary Registration District No. 62182  
(No. Meramec River)

File No. 259  
Registered No. 259  
St. St. Louis Ward

**2. FULL NAME** Earl W. Payne,

(a) Residence, No. 1040 W. Loughborough 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 (circle the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1898

| 7. AGE    | YEARS    | MONTHS    | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|------|----------------------------------|
| <u>35</u> | <u>4</u> | <u>70</u> |      |                                  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dayton Sales Co.

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) St. Louis Missouri

13. NAME Earl W. Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Magdalene Goodfellow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lillian Payne  
(ADDRESS) 1040 W. Loughborough

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonhomme Cem DATE Aug 9 1933

19. UNDERTAKER (ADDRESS) W. Hoffmann & Co. 214 S. Broadway

20. FILED Aug 8 33 I. C. Chas. M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6 1933

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 4 P. m.

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

Accidental drowning. Drowned in Meramec River six miles south of Fenton, in the presence of other comrades, while in swimming.

Other contributory causes of importance: Suffocation.

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? ACCIDENT Date of injury \_\_\_\_\_, 19\_\_\_\_. Where did injury occur? Meramec River (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) Lucy B. Timmon  
(Address) 9718 Jennings, St. Louis, 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. SEP 26 1933

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