

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

Do not use this space.

33022

3955

1. PLACE OF DEATH

County Jackson
Township Kaw

Registration District No. _____

City Kansas City

Primary Registration District No. 1600 Campbell,
(No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Ratchel Payne

(a) Residence, No. 1600 Campbell
(Usual place of abode)

St. _____ Ward _____

(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

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Hubert Payne

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

Unknown.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 51

OCCUPATION

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

House wife at home.

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)

Missouri

MOTHER FATHER

13. NAME

Brac Broadas

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

Missouri

15. MAIDEN NAME

Synthia Gravens

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

Missouri

17. INFORMANT

(ADDRESS)

Robert Payne 1600 Campbell St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Private, Missouri DATE Oct, 7/33

19. UNDERTAKER

(ADDRESS)

West, Appleton & Jones 1600 E. 19th St.

20. FILED

Oct 7, 1933 m m Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 6-1933

22. I HEREBY CERTIFY, That I attended deceased from

9-25-1933 to 10-6-1933

I last saw her alive on 10-6-1933 Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Myocardial Infarction

Date of onset

Other contributory causes of importance:

Chronic Hypertension

Name of operation _____

Date of _____

What test confirmed diagnosis? Biopsy

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) Robert Payne

M. D.

(Address) 1600 Campbell St.

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.

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