

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

Do not use this space.

35875

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Palmer Primary Registration District No. 2002
City Joplin (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 2008 Murphy (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fredda Payne</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2, 1893</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>11</u>	DAYS <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ironman</u>			
	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) <u>Springfield MO</u>				
FATHER	13. NAME <u>Wm B. Payne</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
MOTHER	15. MAIDEN NAME <u>Ruby T. Sullivan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Clara Payne</u> (ADDRESS) <u>Joplin Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woods</u> DATE <u>11-3</u>				
19. UNDERTAKER <u>Walsh & Co</u> (ADDRESS) <u>Joplin Mo</u>				
20. FILED <u>11-2</u> 19 <u>33</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 to Nov 5, 1933

I last saw him alive on Nov 1, 1933 Death is said to have occurred on the date stated above, at 10-30 PM

The principal cause of death and related causes of importance were as follows:
Myo Carditis Date of onset 9-1-33

93D
57A

Other contributory causes of importance Chronic Arthritis 1925

23. 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) H. H. Wheeler, M. D.
(Address) Joplin 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.

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

JUL 4 1933

