

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Miller  
Township Franklin  
City Bagnell (No. \_\_\_\_\_)

Registration District No. 5-61  
Primary Registration District No. 5-756

File No. 1881-1-2  
Registered No. 8 (2)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles C. Payne

(a) Residence, No. \_\_\_\_\_ 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 03-14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 26

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

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

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) Coli Co Mo

MOTHER 13. NAME Not known

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

MOTHER 15. MAIDEN NAME -

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

17. INFORMANT R. Payne (ADDRESS) Bagnell

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuscumbia Cemi DATE 1-12-34

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Edon Mo

20. FILED 1-12 1934 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 8th, 1934 to Jan 11, 1934.  
I last saw him alive on Jan 8th, 1934. Death is said to have occurred on the date stated above, at 3 A.M.

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

apoplexy

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Senility

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? No

If so, specify \_\_\_\_\_

(Signed) R. Payne, M. D.

(Address) Bagnell Mo

