FEB 1934

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

Do not use this space.

3758

1. PLACE OF DEATH
County: Worth
Township: Union
City: (No. , St. Ward)
Registration District No. 904
Primary Registration District No. 6215
File No.
Registered No.

2. FULL NAME: Jonas Payton
(a) Residence No. Sheridan 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? 80 yrs. 5 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7-1853.

7. AGE: YEARS 80 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: on Farm
10. Date deceased last worked at this occupation (month and year): 1928
11. Total time (years) spent in this occupation: 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Jonas Payton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sherman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mahala Davidson Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oxford Mo DATE: Jan 31 1934

19. UNDERTAKER (ADDRESS): Long & Bird Sheridan Mo.

20. FILED: Jan 29, 1934 Mrs O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 29, 1934
I last saw him alive on Jan 29, 1934 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Other contributory causes of importance:
Pneumonia

Name of operation: none Date of —
What test confirmed diagnosis? inspection 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?
If so, specify
(Signed) A. C. Long, M. D.
(Address) Sheridan

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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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Worth — Registration District No. 904 — File No. 3758
Township Union — Primary Registration District No. 6215 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jonas Payton
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 29, 1934 Mrs O H Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
92a	
Other contributory causes of importance:	
Pneumonia	
Bronchial	

Name of operation — Date of —
What test confirmed diagnosis? — 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) A C Long, M. D.
(Address) Sheridan Mo

SUPPLEMENTARY

S-3758