

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

Do not use this space.

APR 25 1934

9110
1307

1. PLACE OF DEATH
 County Jackson Registration District No. 388
 Township Jess Primary Registration District No. 100
 City Kennett, Mo. (No. 2127 Kelly Ave.) St. _____ Ward _____

2. FULL NAME Viola Payne
 (a) Residence, No. 2127 Kelly St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Daniel H. Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 12 1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	<u>26</u>	<u>9</u>	<u>9</u>

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

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) Mo.

13. NAME Leo Albrecht

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

15. MAIDEN NAME Annie Wolf

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

17. INFORMANT G. M. Proppitt
 (ADDRESS) 2127 Kelly Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lawn DATE Mar, 24 34

19. UNDERTAKER Mrs. C. E. Forrester
 (ADDRESS) 918 Brooklyn Ave.

20. FILED Apr 22 1934 M. M. Browne
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to March 21, 1934
 I last saw her alive on March 20, 1934. Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3/19

Other contributory causes of importance: Influenza 3/8/34

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms 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) Chas. W. Thomas, M. D.
 (Address) 220 West 12th St

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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