MAY 25 1934

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

Do not use this space.

File No. 13591

Registered No. 25

1. PLACE OF DEATH
County Miller
Township Saline
City Eldon (No. ..... St. ..... Ward)
Registration District No. 561
Primary Registration District No. 4330

2. FULL NAME William Joseph 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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE~~ OF Laura Bell Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 1860

7. AGE: Years 73 | Months 4 | Days — | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Miller Co., Mo.

FATHER
13. NAME Samuel L. Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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

17. INFORMANT Noah Payne
(ADDRESS) Eldon Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Hawkins DATE 4-22, 1934

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Eldon Mo.

20. FILED 4-20, 1934 Belle Haynes
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934 to April 19, 1934
I last saw him alive on April 19, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforating Ulcer of the Duodenum (First symptoms) | 4/13/34 |
| (Probably malignant.) | |
| 48 E | |
| 1 y | |
| Other contributory causes of importance: | |
| Chronic Interstitial Nephritis. | 1925 |

Name of operation None. Date of
What test confirmed diagnosis? Clinical. 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.
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Manner of injury ---
Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify ----
(Signed) E. C. Shelton, M. D.
(Address) Eldon Mo