

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

Do not use this space.

16537

1. PLACE OF DEATH

County Howell Registration District No. 385
Township Hollow Springs Primary Registration District No. 4228
City Hollow Springs (No. _____) St. _____ Ward _____

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Mary Luttrell Payne

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Joseph I. Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 X 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Tennessee
13. NAME Jesse Luttrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Sarah Nease
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT (ADDRESS) Mrs. Mimmie Early
Hollow Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Nease Cemetery DATE May 4, 1934
19. UNDERTAKER (ADDRESS) T. R. Burns & Son
Hollow Springs, Mo.
20. FILED 5-4 1934 J. C. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1934, to May 1, 1934
I last saw him alive on May 1, 1934 Death is said to have occurred on the date stated above, at 6 p m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1932
131
Other contributory causes of importance:
131
Name of operation Physic findings, Laboratory tests 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) M. J. Odavis M. D.
Hollow Springs, 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.

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

JUN 22 1934

