

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

Do not use this space.

APR 24 1935

10112

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. 1601 E. 42 St)

Registration District No. 668
Primary Registration District No. 3032

File No. 97
Registered No. 668
St. _____ Ward)

2. FULL NAME Dessie Carl Payne

(a) Residence, No. 1601 E. H. St., _____ Ward.

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edgar Payne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 18 1890</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>6</u>
	Wks <u>24</u>	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. <u>At Home</u>	
	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) <u>Sedalia Missouri</u>	13. NAME <u>William Beard</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Levitt/Kear</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Stephenson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Levitt/Kear</u>	
17. INFORMANT (ADDRESS) <u>Ed Payne Sedalia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>Mar 14 1935</u>		
19. UNDERTAKER (ADDRESS) <u>M^o Laughlin Bros Sedalia</u>		
20. FILED <u>3-13-1935</u> <u>John Slack</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 12 1935

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 1935 to MARCH 12 1935. I last saw h. or alive on MARCH 11 1935. Death is said to have occurred on the date stated above, at 6:30 a. m. The principal cause of death and related causes of importance were as follows:

Cardiac decompensation & hyperlophy and dilatation

Date of onset _____

Other contributory causes of importance:
chronic nephritis

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) E. Gordon Starbaker, M. D. (Address) Sedalia, 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.

