APR 22 1935

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

Do not use this space.

12870

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No.

Township Kaw — Primary Registration District No. — Registered No. 1570

City Kansas City, Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME Charles H. Payton

(a) Residence, No. 418 Spruce Ave. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Mrs. Dorathea Payton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1889

7. AGE: YEARS 45 — MONTHS 5 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Arkansas

FATHER

13. NAME: James Y. Payton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Katie E. Wilcox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. Dorothea Payton, 418 Spruce K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE 4/13 1935

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway K. C. Mo.

20. FILED 4-12 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5th, 1935, to April 10th, 1935

I last saw him alive on April 10th, 1935 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset

Other contributory causes of importance:

107a

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) James D. Smith, M. D.

(Address) 602 Argyle Bldg K. C. 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.