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.

FEB 18 1936

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

Do not use this space.

5346

File No.
Registered No.

1. PLACE OF DEATH
County Franklin
Township Boles
City ~~near Pacific~~, Mo. (No. , St. Ward)

Registration District No. 5411
Primary Registration District No. 29-3—

2. FULL NAME SHIRLEY ANN 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. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF **********

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	****	****	13	

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. **********
10. Date deceased last worked at this occupation (month and year) **********
11. Total time (years) spent in this occupation ***

12. BIRTHPLACE (CITY OR TOWN) Franklin Co.
(STATE OR COUNTRY) Mo.

FATHER
13. NAME Chas. Payne
14. BIRTHPLACE (CITY OR TOWN) Missouri Valley
(STATE OR COUNTRY) Iowa.

MOTHER
15. MAIDEN NAME Glodie Plew
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

17. INFORMANT Charles Payne,
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 2/4/36 19

19. UNDERTAKER Thiebes & Son,
(ADDRESS) Pacific, Mo.

20. FILED 2-9 1936 J. E. Gross
Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/36 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936 to Feb 3, 1936
Last saw h. er alive on Feb 3, 1936 Death is said to have occurred on the date stated above, at 12:30PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Enterotis	Feb 1 1936
7192	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? None 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) Henry E. Bartlett M. D.
(Address) Pacific Mo.