

MAR 21 1936

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

Do not use this space.

6217

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RawPrimary Registration District No. 1002City Kansas City(No. St. Joseph Hospital)

File No.

Registered No. 1038

St. Ward)

2. FULL NAME Mary J. Payne(a) Residence, No. 932 N. Spring 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

Female

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

Charles L. Payne

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

Mar. 12, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

771112

OCCUPATION

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.

at home

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)

Bates County near Bates, Mo.

FATHER

13. NAME

J. W. Cooper

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

Unknown

MOTHER

15. MAIDEN NAME

Susan F. Belland

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

Unknown

17. INFORMANT

Mr. B. Franklin Payne(ADDRESS) 936 Claremont - Light Break.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount ZionDATE Feb. 26, 1936

19. UNDERTAKER

George C. Carson(ADDRESS) 101 N. Pleasant Indep. Mo.

20. FILED

7261936M. M. Groves

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1936, to Feb. 23 1936.I last saw her alive on Feb. 23 1936. Death is saidto have occurred on the date stated above, at 7:40 A. m.

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

Bronchial Pneumonia
Ch. Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) W. H. Bellman M. D.(Address) 10307 Indep. Ave. KCMO.

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.

