WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

15496

1. PLACE OF DEATH MAY 19 1936

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, MO (No. 4119 Oak St. Ward)

File No.

Registered No. 2518

2. FULL NAME Miles Montgomery Payne

(a) Residence, No. 4119 Oak St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Ellen Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 5, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	80	2	22	

OCCUPATION

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

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): Ohio

FATHER

13. NAME: William Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

MOTHER

15. MAIDEN NAME: Jane Bartram

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Mrs Myrtle Barton 30 Forest Av. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Hill DATE: April 29 1936

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons 3811 Broadway

20. FILED: Apr 28 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1936, to April 25, 1936

I last saw him alive on April 26, 1936. Death is said to have occurred on the date stated above, at 5:40 A. M.

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

	Date of onset
Mitral Insufficiency	3/10/36
92a	
Other contributory causes of importance: Pulmonary Oedema	4/25/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 ....., 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) Tom Sawyer, M. D.

(Address) 1701 Jackson

108M-3-28-35

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