

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

Do not use this space.

JUN 7 1936

19647

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 100 Registered No. 2505
 City North East Hope (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 219 N. Wheeling 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John N

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 / 1 / 24

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.

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) Texas

FATHER 13. NAME G W Payne

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

MOTHER 15. MAIDEN NAME Anna Kay Meter

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

17. INFORMANT (ADDRESS) John W. Horine 219 N. Wheeling

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dallas Texas May 27 36

19. UNDERTAKER (ADDRESS) Wm E. Forster 1027 W. N. Brown

20. FILED May 28, 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1936, to May 27, 1936

I last saw him alive on May 27, 1936 Death is said

to have occurred on the date stated above, at 1150a

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

acute myocarditis

Date of onset 5/25/36

Other contributory causes of importance:

Recurrent infection

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Herman Shattuck, D.O.

(Address) 41432 St John

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.

Shablin

Dr. Shablin

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