JUN 27 1936

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

Do not use this space.

21731

File No.
Registered No.

1. PLACE OF DEATH
County: Sullivan Registration District No.: 852
Township: Jackson Primary Registration District No.: 6124
City (No. , St. Ward)

2. FULL NAME: Donna Jean Payne
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 0 yrs. 5 mos. 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 2, 1935

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	5	2	

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) (STATE OR COUNTRY): Sullivan Co. Missouri

FATHER
13. NAME: George Jordon Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sull. Co. Missouri

MOTHER
15. MAIDEN NAME: Josephine Grindstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co. Missouri

17. INFORMANT (ADDRESS): George J. Payne Milan, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Elmwood Cem. DATE: May 11, 1936

19. UNDERTAKER (ADDRESS): C. A. Schoeste Milan, Mo.

20. FILED: June 6, 1936 Cleo Haga, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h. alive on 19. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

Baby not seen by any physician since birth - cause of death unknown - No foul play suspected.

Date of onset

Other contributory causes of importance:
Under investigation

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?
If so, specify
(Signed) Earl Nelson, M. D.
(Address) Milan Mo.
County health officer

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.

...TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD