

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.

AUG 1 1936

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

Do not use this space.

25723

1. PLACE OF DEATH

County Calloway Registration District No. 104 File No. _____
 Township _____ Primary Registration District No. 3008 Registered No. 236
 City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME Kizzie Payne

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

Length of residence in city or town where death occurred yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865 ?
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 dk dk

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) Missouri

FATHER 13. NAME dk

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

MOTHER 15. MAIDEN NAME dk

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

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Armstrong DATE July 17, 1936

19. UNDERTAKER (ADDRESS) R. E. Landis

20. TIME July 16, 1936 9:30 P. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1936, to July 15, 1936
 I last saw her alive on July 15, 1936 Death is said to have occurred on the date stated above, at 6:35 PM
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with myoc rdial degeneration Date of onset dk

Other contributory causes of importance: Heat exhaustion 93 7/15/36

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 E. E. Landis
 (Signed) E. E. Landis, M. D.
 (Address) _____

Fulton Mo

FEB 10 1950

FEB 14 1950

RECEIVED
FEB 10 1950

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