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.

SEP 29 1936

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

Do not use this space.

30893

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3689
City Kansas City (No. 5542 Olive St. Ward)

2. FULL NAME Mrs Rose C Payne
(a) Residence, No. 5542 Olive 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-2-1852

7. AGE: YEARS 83 — MONTHS 8 Mo — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Utica New York

FATHER
13. NAME: John Gates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Illinois

MOTHER
15. MAIDEN NAME: Versula (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chicago Illinois

17. INFORMANT (ADDRESS): Mrs Lillian Lind 5542 Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Aug 12 1936

19. UNDERTAKER (ADDRESS): Dw Newcomers Sons Kansas City-Mo

20. FILED Aug 10 1936 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to Aug 10, 1936
I last saw her alive on Aug 10, 1936. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance: Senility

Name of operation: Hy Phys Exam — Date of
What test confirmed diagnosis? Phys Exam — 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
(Signed) L. M. Shapiro, M. D.
(Address) 230 Argyle

Argyle Bldg Ha 1310