

FEB 17 1937

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

Do not use this space.

744

1. PLACE OF DEATH

County Crawford  
Township Lispey  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 233  
Primary Registration District No. 5318

File No. \_\_\_\_\_  
Registered No. 295  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Payne

(a) Residence, No. Bourbon 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Wally E. King  
Mar 13 1882

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1886

7. AGE YEARS 54 MONTHS 9 DAYS 19 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. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Missouri

FATHER 13. NAME John Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

MOTHER 15. MAIDEN NAME Louisa Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

17. INFORMANT Wally E. Payne  
(ADDRESS) Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Road DATE Jan 4 1937

19. UNDERTAKER C. W. Harris  
(ADDRESS) Bourbon Mo

20. FILED Jan 3 1937 W. F. Jordan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1937

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 \_\_\_\_\_ m.

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

Accidental Death  
By Burning to Death  
In School Building 7 1/2 miles  
Other contributory causes of importance: Both of Bourbon on farm to market Road  
Coroner's Verdict

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? jury Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 2 1937

Where did injury occur? Bourbon Mo Crawford Co

(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) Henry M. Jones Coroner

(Address) Steebille Mo

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.

2027-19-36  
1 X7294

