

APR 15 1937

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

Do not use this space.

11275  
386

1. PLACE OF DEATH

County Lachmann Registration District No. 85  
Township Joseph Primary Registration District No. 100  
City St. Joseph (No. Summit Slope) St. White Cloud Ward New

2. FULL NAME

(a) Residence, No. Marion Jester Payton St. White Cloud Ward New  
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 3 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1929

7. AGE YEARS 8 MONTHS 2 DAYS 17 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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) White Cloud, K.

FATHER 13. NAME Therman Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud, Kansas

MOTHER 15. MAIDEN NAME Helen Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty, Mo.

17. INFORMANT Father T. Taylor (ADDRESS) White Church Kan

18. BURIAL, CREMATION OR REMOVAL PLACE White Church 3/29 1937

19. UNDERTAKER Bany + Wylie (ADDRESS) 214 1/2 S. 2nd St. St. Joseph

20. FILED 3/28, 1937 H. H. Heston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937, to Mar 27, 1937  
I last saw him alive on Mar 27, 1937 Death is said to have occurred on the date stated above, at 12:45 P.m.  
The principal cause of death and related causes of importance were as follows:

Meningitis meningococcus Date of onset 3/21/37

Other contributory causes of importance:

Name of operation 18 Date of 18  
What test confirmed diagnosis? Sp. print 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) H. C. Petersen, M. D.  
(Address) 706 Franklin

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.

Dr. T. M. C. C. , Dr. H. H. C.