

APR 23 1937

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

Do not use this space.

12965

1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3002

File No. 101  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Payne

(a) Residence, No. 117 E Pettis 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Payne</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 1837</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>30</u>	<u>100</u>	<u>1</u>	<u>4</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Private home</u>				
10. Date deceased last worked at this occupation (month and year) <u>March 1935</u>		11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saling Co. Mo.</u>				
13. NAME <u>Frank Steward</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saling Co Mo</u>				
15. MAIDEN NAME <u>Mary Steward</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Lucie Payne Curtis</u> (ADDRESS) <u>Sedalia Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia Mo</u> DATE <u>3/28</u> 19 <u>37</u>				
19. UNDERTAKER <u>F. D. Ferguson</u> (ADDRESS) <u>Sedalia</u>				
20. FILED <u>3-22</u> 19 <u>37</u> <u>John Slack</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1937 to March 26 1937  
I last saw her alive on about Feb 1 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
chronic myocarditis

Other contributory causes of importance: chronic arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chol Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? N 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) Chas. M. ... M. D.  
(Address) Sedalia Mo

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.

OCCUPATION  
MOTHER  
FATHER

Date of onset  
None  
12  
no  
major

