

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.

MAY 26 1937

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

Do not use this space.

1. PLACE OF DEATH
 61 County Macon Registration District No. 533 File No. 16918
 7 Township Macon Primary Registration District No. 3027 Registered No. H1
 4 City Macon (No. _____) St. _____ Ward _____
 2. FULL NAME Dr. A. M. Paines
 (a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cons. Weatherly Paines
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 66 1 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 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) Marion Co., Mo.
 13. NAME A. M. Paines
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.
 15. MAIDEN NAME Sarah McPike
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Mrs. O. J. Brundage (ADDRESS) Palace Hotel
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem. DATE 4 - 26 - 1937
 19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon, Mo.
 20. FILED 5/18 1937 Geo. W. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1937, to Apr 24, 1937
 I last saw him alive on Apr 24, 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 Nephritis
 Date of onset _____
 Other contributory causes of importance: D - K.
 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?
 If so, specify _____
 (Signed) W. A. Davis M. D.
 (Address) 124 1/2 Ormsat Macon Mo

