

AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Mooney
City Red Top (No.)

Registration District No. 710
Primary Registration District No. 5939

File No. 28130
Registered No.
St. Ward)

2. FULL NAME George Clinton Payne

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Ollie Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Polk County, Missouri.
(STATE OR COUNTRY)13. NAME George J. Payne.14. BIRTHPLACE (CITY OR TOWN) Arkansas.
(STATE OR COUNTRY)15. MAIDEN NAME Octabo Prater.16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)17. INFORMANT Mrs. Ollie Payne
(ADDRESS) Red Top, Missouri.18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Prairie DATE June, 23, 3719. UNDERTAKER Willard B. Erwin Funeral Home
(ADDRESS) Pleasant Hope, Missouri.20. FILED July 15, 1937 Estelle Benton
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 21, 1937

22. I HEREBY CERTIFY That I attended deceased from June 17, 1937 to June 21, 1937
I last saw him alive on June 20, 1937 Death is said to have occurred on the date stated above, at 10:40 A. M.
The principal cause of death and related causes of importance were as follows:

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

Date of onset

Myocardial Failure app 16-1-37
Arteriosclerotic heart disease 1933

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Fluor. Exam. Was there an autopsy? No23. 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) [Signature] , M. D.(Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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