JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dallas
Township Miller
City Plad (No. ..... St. ..... Ward)

Registration District No. 246
Primary Registration District No. 5340

File No. 45207
Registered No.

2. FULL NAME Patty Ann Paylor

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5-1933

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
4		19	

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.
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) Dallas Co. Mo.

FATHER
13. NAME A. B. Paylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Norma Blackburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) A. B. Paylor Sapulpa Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plad DATE 11-25-37

19. UNDERTAKER (ADDRESS) L. B. Jones Buffalo Mo

20. FILED 12-14-1937 John S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937, to Nov. 23, 1937
I last saw him alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	11-19-37

Other contributory causes of importance:
none

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? No
If so, specify .....
(Signed) O. O. Hammon, M. D.
(Address) Buffalo 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.