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.

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

Do not use this space.

File No. 2936

Registered No.

46 3 1

9 2

1. PLACE OF DEATH
County Howell
Township
City West Plains, Mo. (No. , St. Ward)
Registration District No. 384
Primary Registration District No. 4227

2. FULL NAME SILAS G. PAYNE 500

(a) Residence, No. St., Ward. Chattanooga, Tenn
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred – yrs. – mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Minnie E. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1885

7. AGE: 52 YEARS, 11 MONTHS, 22 DAYS. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman
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) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peace Valley, Mo. 0

FATHER

13. NAME Clinton D. Payne 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weekly Co., Tenn. 1

MOTHER

15. MAIDEN NAME Sarah Caroline Gale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Minnie E. Payne
(ADDRESS) Chattanooga, Tenn.

18. BURIAL, CREMATION, OR REMOVAL New Hope Cem.
PLACE Peace Valley, Mo DATE Jan. 15, 1938

19. UNDERTAKER Hal Thoroughman
(ADDRESS) West Plains, Mo.

20. FILED 1-14, 1938 Vida N Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1938, to Jan 13, 1938

I last saw h. alive on Jan 13, 1938. Death is said to have occurred on the date stated above, at 6:30 P m.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam 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) Earl Bohner 1, M. D.

(Address) West Plains, Mo

344

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