REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw.
City Kansas City (No. 2615 Bellfountain St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 5825
Registered No. 891

2. FULL NAME Martha Elizabeth Payne 500
(a) Residence, No. 2615 Bellfountain 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee. Payne.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4-1863
7. AGE YEARS 74 MONTHS ~~4~~ 5 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home.
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo. 9

FATHER
13. NAME McGee 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lee. Payne 2615 Bellfountain
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mariah DATE 2/24 1938
19. UNDERTAKER (ADDRESS) Eylar Funeral Home 76 E. Mo
20. FILED 2/23 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1937, to Feb 22, 1938
I last saw her alive on Feb 21, 1938. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	9/37
Pulmonary Edema	2/9/38
131	

Other contributory causes of importance:

Hypertensive Arteriosclerotic	20 yrs
Ch. & Acute Nephritis	5 mo

Name of operation ..... Date of .....
What test confirmed diagnosis? Phy. & Lab. 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) John M. Powers, M. D.
(Address) 3322½ E. 27th St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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Jr. 2932 Lockridge Li 2409