

REC'D MAR 17 1938

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

Do not use this space.

7065

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. 3002
Township Phillip Primary Registration District No. 1929 Registered No. 632
City Phillip (No. 1929) State Illinois Ward

2. FULL NAME

(a) Residence, No. 1329 Ward 632
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 ds. 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 no record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1864

7. AGE YEARS 73 MONTHS 2 DAYS 6 If LESS than day, hrs. or min.

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

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) No record13. NAME No record14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME No record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT (ADDRESS) Phelma Payson18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 2-16-3819. UNDERTAKER (ADDRESS) Heul Funeral Co20. FILED 2-15-38 Ed D. Janner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 14 1938 to Feb 14 38I last saw him alive on Feb 14, 1938 Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Lobar Pneumonia
Other contributory causes of importance: 108

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joy E. Payne, M. D.(Address) 708 Super Bldg

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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Ray E. Payne

