

REC'D MAR 24 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Schuyler 1  
Township  
City Brenton Mo (No. 2)

Registration District No. 2044483  
Primary Registration District No. 6049

File No. 8284  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Ashbrase Payton 350  
(a) Residence, No. Brenton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Payton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-4-1858</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>6</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Co. Mo</u>			
	13. NAME <u>Thomas Payton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Don't know</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	17. INFORMANT <u>Roy Payton</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barksville Mo</u> DATE <u>Feb 13</u> 19 <u>38</u>				
19. UNDERTAKER <u>Doc Riley</u> (ADDRESS) <u>Barksville Mo</u>				
20. FILED <u>Feb 12</u> 19 <u>38</u> <u>Mrs O P Farington</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1938

22. I HEREBY CERTIFY, That I attended deceased from February 10 1938, to Feb 10 1938  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Internal injuries caused by being struck by automobile

Other contributory causes of importance: 210 m

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? Accident Date of injury Feb 10 1938  
Where did injury occur? Brenton Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Highway  
Manner of injury Struck by car  
Nature of injury Fractured ribs, humerus, skull

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify I P. Riley  
(Signed) J. P. Riley M.D.  
4 (Address) Crown, 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.

