

REC'D APR 18 1938

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

10269
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township _____ Primary Registration District No. 3007 Registered No. 57
(c) City Poplar Bluff (d) Street No. Poplar Bluff Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME G. Frank Payne 500

(a) Residence, No. Rt. 1, Harvill, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Esther Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
37 2 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Eastland Texas

FATHER 13. NAME Seifert Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Sabria Harp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Esther Payne Rt. 1, Harvill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Jake, Mo. DATE Feb. 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Grace Black Funeral Service Corning, Ark.

20. FILED 3/10 1938 Obetzinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Septic infection Date of onset 2/25-38
193-
gun shot wound right hip
Other contributory causes of importance:
Paralysis lower limbs
gun shot wound right side 7th thoracic vertebra
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? homicide Date of injury Feb 23 1938
Where did injury occur? Butler Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury shot by officer discharge
Nature of injury duty right hip thoracic vertebra

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Yover Green _____
(Address) Poplar Bluff Mo

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.

I. X12004

NOV 4 1954

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Not embalmed.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)