

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 214
 Township Museum Primary Registration District No. 5294
 City Russellville No. 740 St. _____ Ward _____

File No. 10551
 Registered No. 3

2. FULL NAME

William Henry Payne 500
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Enloe Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 11 17

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

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) Russellville Mo

13. NAME James M. Payne

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

15. MAIDEN NAME Sally Scott

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

17. INFORMANT Leather Payne (ADDRESS) Russellville Mo

18. BURIAL, CREMATION, OR REMOVAL Enloe Cemetery
 PLACE Russellville DATE 3-16-1938

19. UNDERTAKER Wm. H. Legal Schuchert (ADDRESS) Russellville Mo

20. FILED Mar. 15, 1938 Wm. Mahel Barbour Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1938, 19____, to Mar. 14, 1938, 19____.

I last saw him alive on Mar. 14, 1938, 19____. Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

Bronchopneumonia

Date of onset

Mar 9 1938

Other contributory causes of importance: _____

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) Walter L. Helwig

(Address) Russellville 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.

