

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

Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH

51 County Johnson Registration District No. 426
Township Chilhowee Primary Registration District No. 4252
6 City Chilhowee (No. _____) St. _____ (Ward) _____

File No. 11175
Registered No. 5

2. FULL NAME

Sarah Helen Payne 500

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 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

SEX F 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 William Robert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26- 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>68</u>	<u>3</u>	<u>3</u>	

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

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) Windsor (STATE OR COUNTRY) Mo

FATHER 13. NAME Geo W. Mosley

FATHER 14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Jane Mosley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

17. INFORMANT Walter Wilcoxon (ADDRESS) Chilhowee, Mo

18. BURIAL, CREMATION, OR REMOVAL Near Windsor PLACE New Ch Cemetery DATE Mar 30-38

19. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, Mo

20. FILED 4/4 1938 O. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1930 to March 29, 1938
I first saw him alive on, March 26, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance: 23'

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) R. J. Jennings, M. D.
(Address) Windsor, 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.

WHITE LABEL, WITH SURROUNDING INFORMATION IS A TRADEMARK OF THE NATIONAL BUREAU OF VITAL STATISTICS

