

REC'D MAY 17 1938

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

14337

Do not use this space.

1. PLACE OF DEATH *Chariton*²
 (a) County *Chariton* Registration District No. *175*
 (b) Township *Salisbury* Primary Registration District No. *4104* Registered No. *16*
 (c) City *Salisbury* (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Laura Davis Payton* *350*
 (a) Residence, No. _____ St. (If nonresident, give city or town and _____)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Silas E. Payton*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 11 - 1862*
 7. AGE YEARS *75* MONTHS *11* DAYS *16* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housewife*
 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) *Mo* 0FATHER 13. NAME *Wm. Graves* 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.* 0MOTHER 15. MAIDEN NAME *Mame Walker*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*17. INFORMANT *Mrs. Alpha Reynolds*
(ADDRESS) *Salisbury Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Asbury* DATE *4/29* 193819. FUNERAL DIRECTOR *Geo. B. Winkelman*
(ADDRESS) *Salisbury, Mo.*20. FILED *4/28* 1938 *J. W. Hawthorn*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 27* 193822. I HEREBY CERTIFY, That I attended deceased from *March 2*, 1937, to *April 27*, 1938
I last saw her alive on *April 26*, 1938. Death is said to have occurred on the date stated above, at *12:50 P.M.*

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

*Senile dementia
Chronic myocarditis*

Date of onset

2-15-38

?

Other contributory causes of importance:

*29
Atherosclerosis of cervical glands?*Name of operation *Removal of neck glands* Date of: _____What test confirmed diagnosis? *Pathology* 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) *J. L. Johnson*, M. D.163 (Address) *Salisbury, Mo.*

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.

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.)