

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17295

Do not use this space.

1992

Registered No.

1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township NewPrimary Registration District No. 1002(c) City Jackson City(d) Street No. 5424 Jackson St.(e) Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Billy Allen Payton(a) Residence, No. 5424 Jackson St.

(Usual place of abode, if no street address, write county or city)

(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)

Single

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

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

July 19, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3923

OCCUPATION

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

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

Child0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jackson City Missouri

FATHER

13. NAME

Allen L. Payton

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

Jackson City Mo.

MOTHER

15. MAIDEN NAME

Eva C. Trumbly

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

Jackson City Missouri

17. INFORMANT (ADDRESS)

Allen L. Payton

18. BURIAL, CREMATION, OR REMOVAL PLACE

Forest Hill DATE May 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

DeWencomer SonBurch Creek & Paseo

20. FILED

May 16, 1938 M. M. Brown

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 11, 1938, to May 13, 1938I last saw him alive on May 13, 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

May 7, 1938Diphtheria (10)

Other contributory causes of importance:

Large vessel obstruction and asphyxia May 12, 1938Name of operation None Date ofWhat test confirmed diagnosis? Clinical 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) James Middleman, M. D.(Address) 412 N. Main St. Jackson

(Licensed Embalmer's Statement on Reverse Side)

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.

STATE OF MONTANA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

U. 8269
424 m Montgall
11-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Neil Carr

Licensed Embalmer No. *3976*

P. O. Address *1401 B. Bushore*

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.)

If this body is not embalmed, above space should be left blank.