

JUL 17 1938

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

Do not use this space.

22647

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. _____)

Registration District No. 667
Primary Registration District No. 3032

File No. 198-197
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Leta Rose Jackson Payne 500
(a) Residence, No. 209 W Cooper St., _____ Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>OF</u> | 4. COLOR OR RACE <u>Negro</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilbur Payne</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 1903</u> | | |
| 7. AGE | YEARS <u>35</u> | MONTHS <u>2</u> |
| | DAYS <u>22</u> | IF LESS than 1 day, _____ hrs. or _____ min. |

OCCUPATION

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>maid</u> |
| 10. Date deceased last worked at this occupation (month and year) | <u>0</u> |

MOTHER FATHER

| | |
|--|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia Mo.</u> | 13. NAME <u>Char C. Jackson</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County</u> | 15. MAIDEN NAME <u>Sallie Johnson</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County</u> | 17. INFORMANT (ADDRESS) <u>Clarence Jackson 624 N. Washington</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia</u> DATE <u>June 30 1938</u> | 19. UNDERTAKER (ADDRESS) <u>Miss A. DeFord 206 W. Cooper</u> |
| 20. FILED <u>June 30 1938</u> <u>John Black</u> Registrar | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/6 1938, to 6/26 1938

I last saw her alive on 6/26 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Spenic Poisoning

Date of onset

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) D. W. C. Casey, M. D.

(Address) 603 N. Washington

132

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 22647-

Township Sedalia

Primary Registration District No. 3072

Registered No. 197

City Sedalia (No.)

St. Ward)

2. FULL NAME

Lelia R. J. Payne

(a) Residence, No. 204 W. of Congress Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 2 22

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Uremic poisoning
due nephritis
Date of onset 12/1

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... H. C. Dawson, M. D.
(Signed) H. C. Dawson
(Address) Sedalia Mo

