

57 23 1938

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

Do not use this space.

29048

1. PLACE OF DEATH

County Howard
Township Chariton
City Glasgow (No. 500)

Registration District No. 379
Primary Registration District No. 4223

File No.
Registered No.
St. Ward)

2. FULL NAME

Walter Payne St. Ward.
(a) Residence, No. (Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1866</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
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) <u>July 1934</u>		
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo</u>		
13. NAME <u>Nelson Payne</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo</u>		
15. MAIDEN NAME <u>Alvorna Carson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Mo</u>		
17. INFORMANT <u>Mainie Payne</u> (ADDRESS) <u>2301 Calvert Detroit Mich</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery Glasgow Mo</u> DATE <u>Aug. 30, 1938</u>		
19. UNDERTAKER <u>C. W. Wrenn</u> (ADDRESS) <u>Glasgow Mo</u>		
20. FILED <u>9-3</u> 19 <u>38</u> <u>J. W. Gardner M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1938, to 8-28, 1938.
I last saw him alive on 8-14, 1938. Death is said to have occurred on the date stated above, at 1:10 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Chronic Cystitis
Other contributory causes of importance: 92

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?, 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) W. B. Fletcher, M. D.
(Address) Glasgow 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.

RECEIVED
District Health Officer No. 8,
District No. 8,
9/2/38