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.

REC'D MAR 21 1939

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

Do not use this space.

80

1. PLACE OF DEATH
County Pettis
Township Dresden
City Sedalia Route 3 (No. Sedalia RR# 3 St. Ward)

Registration District No. 672
Primary Registration District No. 5895

File No. 1 7462
Registered No. 5895

2. FULL NAME 50 JOHN WATKINS PAYNE
(a) Residence, No. Sedalia RFD. 3 St., Ward.
(Usual place of abode)
(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 Male
4. 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 Malinda Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1857
7. AGE YEARS 81 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pettis County Mo

FATHER
13. NAME Simon Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Malinda Payne Sedalia Route 3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE 19
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo.
20. FILED 2-28, 1939 J. T. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from As Coroners Case only, 19..
I last saw As Coroners case only, 19.. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	
2	

Other contributory causes of importance:
arteriosclerosis severe
Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Gordon Sauffacher, M. D.
607 (Address) Coroner of Pettis County Sedalia Missouri