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.

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

JUL 6 1939

23365
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township
(c) City Slater
Registration District No. 799
Primary Registration District No. 4479
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Birdie Brown Payne
(a) Residence, No. Elm st Slater Mo. 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: Female
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: Austin Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 1876
7. AGE: Years 63 | Months 4 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
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): Marshall Saline County, Mo

FATHER
13. NAME: Jerry Bacon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Susan Gauldin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Austin Payne Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Ridge Park DATE: June 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Short-McCrary Marshall, Mo.
20. FILED: June 24, 1939 W. M. Tuttle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June -3-, 1939, to June -23-, 1939
I last saw her alive on June 23, 1939. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/3/39
Other contributory causes of importance:	
Paralysis Agitans	40 yrs

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) M. C. Huggins, M. D.
769 (Address) Slater Mo.

1696 (Licensed Embalmer's Statement on Reverse Side)

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 A P M Crary

Licensed Embalmer No. 3153

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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

REC'D JUL 6 (39)

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

Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. ____
(b) Township or City Slater — Primary Registration District No. ____ — Registered No. 29
(c) (d) Street No. North Elm St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 BIRDIE BROWN PAYNE
(a) Residence, No. ____ 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: Female
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: Austin Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20 1876
7. AGE: YEARS 63 — MONTHS 4 — DAYS ____ — If LESS than 1 day, ____ hrs. ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): Marshall, Mo.

FATHER
13. NAME: Jerry Bacon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Susan Gauldin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Austin Payne, Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem DATE June 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Short & McCrary, Marshall, Mo.
20. FILED June 24, 1939 W. M. Tuttle, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June - 23 -, 1939
22. I HEREBY CERTIFY, That I attended deceased from June - 3 -, 1939, to June - 23 -, 1939
I last saw her alive on June - 23, 1939. Death is said to have occurred on the date stated above, at 6:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/3/39

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) M. C. Duggins, M. D.
(Address) Slater, Mo.

SUPPLEMENTARY

(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.

23365

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 K. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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