

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

Do not use this space.

32078

1. PLACE OF DEATH

County Cape Girardeau  
 Township Cape  
 City Cape Girardeau (No. 125)

Registration District No. 125  
 Primary Registration District No. 3609  
 City St. Francis (No. 125)

File No. 331  
 Registered No. 331  
 Ward 3

2. FULL NAME

Ada Payne  
 (a) Residence, No. Sebesta, Mo. St. Sebesta Ward. Aurianton Mo.  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Squire Payne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1908</u>		
7. AGE <u>67</u>	YEARS	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.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	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) <u>Kate'sky 1</u>		
MOTHER	13. NAME <u>Ed Harmon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Sarah Couch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Gladys Drake</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sebesta</u> DATE <u>9-28</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>Hunter Allister</u>		
20. FILED <u>9-27</u> 19 <u>39</u> <u>J.M. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1939 to 9-27 1939.  
 I last saw her alive on 9-27 1939. Death is said to have occurred on the date stated above, at 7 A.M.  
 The principal cause of death and related causes of importance were as follows:

<u>Pneumonia, Broncho</u>	Date of onset <u>9-23-39</u>
<u>Fracture, Rip, left</u>	<u>9-15-39</u>

Other contributory causes of importance:  
None

Name of operation None Date of None

What test confirmed diagnosis? Thay Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 19None  
 Where did injury occur? Sebesta Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell off rock  
 Nature of injury Fracture, left Rip

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify (Signed) Frank W. Hall M. D.  
 (Address) Cape Girardeau, 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.

