

JAN 28 1929

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

Do not use this space.

Sayer
46292

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 5440
City Springfield (No. Rte 7) St. _____ Ward _____

File No. _____
Registered No. 869

2. FULL NAME

Katherine B. Payne
(a) Residence No. Rte 7 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 F. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
64 1 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Bisiah Co. Pa.
(STATE OR COUNTRY)

10. NAME OF FATHER Bergie Holck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs. Bear

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

14. INFORMANT Thos. W. Payne
(Address) Springfield Mo.

15. FILED 17/14 28 1928 Ch. Horst Mee
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12 1928

17. I HEREBY CERTIFY That I attended deceased from 12-12, 1928, to 12-12, 1928, that I last saw h. alive on 12-12 9:38 p.m., and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A Tuberculosis lungs
Isotally (duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 31
IF NOT IN PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Glycerol
(Signed) J. S. Sayers
, 19 28 (Address) 623 Woodruff

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL East Lawn Cem DATE OF BURIAL 12-14 1928

20. UNDERTAKER Alma Schmeyer ADDRESS 534 St. Louis

X. 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.

