96
6 29 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25773

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Crondlett — Primary Registration District No. 6248 13 — Registered No. 287
City Rock Mo (No. Robt. Rock Hosp. St. Ward)

2. FULL NAME Lieutenant Payton
(a) Residence. No. 3326 Lucas Ave St., Robert Ward. Rock Hospital
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 1 mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colord
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 24, 1913
7. AGE: 16 YEARS — MONTHS: — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): School boy
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: Lester Payton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Iris Clark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

14. INFORMANT (Address): From Rock Hospital Records, Rock, Mo.
15. FILED July 29 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27. 1929.
17. I HEREBY CERTIFY, That I attended deceased from June 21, 1926, to 7 27, 1929, that I last saw him alive on 7 27, 1929, and that death occurred, on the date stated above, at 7 20 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): none
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray + Sputum
(Signed) Chas. S. Rosen, M.D.
, 19 (Address) Rock, Mo

*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. East St. Louis, Ill.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park Ill. — DATE OF BURIAL: July 31 1929
20. UNDERTAKER: Nash Bros. E. Nash E. St. Louis. — ADDRESS: 111 N. 13 St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.