

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

Do not use this space.

4676

85

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

File No. 198

Township St Joseph Mo

Primary Registration District No. 1001

Registered No. 198

City St Joseph Mo (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME

Joseph Le Roy Payne

(a) Residence. No. 1415 South 4th St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 11 1926

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
<u>5</u>	<u>1</u>	<u>8</u>	

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Joseph Mo 1

10. NAME OF FATHER

Le Roy Payne

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

Unknown Mo

12. MAIDEN NAME OF MOTHER

Hazel Guyer

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

Unknown Mo

14. INFORMANT

Hazel Payne
 (Address) 1415 South 4th Street

15. FILED

John R Bender
 REGISTRAR

FFR 9/1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 1931, to Feb 19 1931, and that I last saw him alive on Feb 19 1931, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Lymphaticus

CONTRIBUTORY (SECONDARY) Trauma (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH W. Smith Hosp

DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 19

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sept clinical

(Signed) L. G. B. Surgeon, M. D.

2/20 1931 (Address) St. Edmund St. Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Courlin Cemetery Feb 21 1931

20. UNDERTAKER

ADDRESS

E. R. Sidempaden 602 South 10th St.

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.

d. J. Salway

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