

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

Do not use this space.

APR 21 1931

9289

1. PLACE OF DEATH *Casper*
 27 County *Casper* Registration District No. *219*
 Township *Casper* Primary Registration District No. *4132*
 9 City *Payson* No. *10* St. *W* Ward *1*
 9
 2. FULL NAME *Elizabeth C. Payton*
 (a) Residence, No. *10* St. *W* Ward *1*
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. *2-a*
 Registered No. *5-*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female Negro*
 4. COLOR OR RACE *Negro*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Payton*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *about 46*
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
 10. Date deceased last worked at this occupation (month and year) *Don't know*
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lafayette, La.*
 FATHER
 13. NAME *Don't know*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*
 MOTHER
 15. MAIDEN NAME *Don't know*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*
 17. INFORMANT (ADDRESS) *J. D. Dalton*
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Union Burial Home May 16 1931*
 19. UNDERTAKER (ADDRESS) *Don't know*
 20. FILED *April 21 1931 Hattie Payton Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3 - 13 1931*
 22. I HEREBY CERTIFY, That I attended deceased from *March 8* 19*31*, to *March 13* 19*31*
 I last saw her alive on *March 13* 19*31*. Death is said to have occurred on the date stated above, at *11 P. M.*
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset *3/8/31*
 Other contributory causes of importance: *old age*
 Name of operation *None* Date of *None*
 What test confirmed diagnosis? *None* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *None* Date of injury *None*, 19*31*
 Where did injury occur? *None* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *None*
 Nature of injury *None*
 24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *None*
 (Signed) *R. O. Keeley*, M. D.
 (Address) *Payson, W. Va.*

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.

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

