

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2702 Duncan street) _____ St. _____ Ward _____

File No. 40189
Registered No. 1232

2. FULL NAME John Howard Payne

(a) Residence, No. 2702 Duncan street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
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) De Kalb County Missouri

MOTHER 13. NAME Robert H Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

15. MAIDEN NAME Susan Reager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Virginia

17. INFORMANT Thomas Payne
(ADDRESS) Maysville Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maysville Mo. DATE December 10, 31

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph Mo.

20. DEC 8 1931, John P. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. in alive on _____, 19____. Death is said to have occurred on the date stated above, about 5:30 m.

The principal cause of death and related causes of importance were as follows:
Homicide by fire arms at 2702 Duncan, St Joseph Mo. Date of onset _____

Shot by Addie Michael who committed suicide.

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12/7/31

Where did injury occur? St. Joseph Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Fire arms
Nature of injury Shot thro, body

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) B. W. Tadlock Coroner _____, M. D.
(Address) 821 Francis

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.

JAN 19 1932

