

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

Do not use this space. ①

40766-~~A~~

**1. PLACE OF DEATH**

County Howard  
Township Chattanooga  
City Glasgow (No. ....)

Registration District No. 379  
Primary Registration District No. 4223

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME** Inot Carl Payne

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE black 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) Mar. 10 - 1892

7. AGE YEARS 39 MONTHS 8 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Burlton, Missouri

13. NAME Marcel Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlton Missouri

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Wavadee Tilford (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlton, Missouri DATE Dec. 27 - 1931

19. UNDERTAKER Chas. Bell (ADDRESS) Burlton Mo

20. FILED 1/10 1932 C. H. Temple Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1931 to Dec 24 1931

I last saw him alive on Dec 23 1931. Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

92A 92A

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) Carl C. Heaver M. D.

(Address) Glasgow, Mo.

SEP 24 1932

.

.

.

—

.

.

.