

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.

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

Do not use this space.

38204

1. PLACE OF DEATH

1 County ADAIR Registration District No. 4
2 Township..... Primary Registration District No. 3001
7 City KIRKSVILLE MO (No. BIGSBY HOSPITAL) St. _____ Ward _____
Registered No. 195-

2. FULL NAME ASA T PAYTON

(a) Residence, No. FULTON MO St., _____ Ward. Fulton Mo
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 7th 1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. custoden at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STATE HOSPITAL
10. Date deceased last worked at this occupation (month and year) 8) 40 years 11. Total time (years) spent in this occupation UNTILL

12. BIRTHPLACE (CITY OR TOWN) DEC 5th 1932
(STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME JOHN PAYTON
14. BIRTHPLACE (CITY OR TOWN) KENTUCKY
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME MARY COLLINS

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

17. INFORMANT (ADDRESS) W. H. Becken
WARENSBURG MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FULTON MO DATE DEC 22 1932

19. UNDERTAKER DAVIS & WILSON (ADDRESS) KIRKSVILLE MO

20. FILED Dec 26 1932 Mrs. C. H. Becker Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 1932, to Dec. 20 1932.
I last saw him alive on Dec. 20 1932. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Cancer of Urinary Bladder (Date of onset) 518
urinary obstruction 336
Neural depression 350

Other contributory causes of importance: 570 1

23. Name of operation Trans Urethral Resection Date of Dec 20-32
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? _____
If so, specify _____
(Signed) F. J. Rogers M. D. M. D.
(Address) Kirksville Mo.

