

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

Do not use this space.

**MAR 24 1934**

**1. PLACE OF DEATH**

County Jackson  
Township Washington  
City Kansas City, Mo. No. 16-2-80

Registration District No. 404  
Primary Registration District No. 3558

File No. 5313  
Registered No. E  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Samuel Roe Payne**

(a) Residence, No. 16 West 80th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue L. Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1858  
7. AGE YEARS 75 MONTHS 3 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
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) Tenn.

MOTHER FATHER  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ira Jones  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Moriah DATE Feb 10

19. UNDERTAKER (ADDRESS) P. W. Lindsey, Sons, 38 N. Broadway, K.C., Mo.

20. FILED Feb 10 1934 Paul A. Lindsey  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1934  
22. I HEREBY CERTIFY That I attended deceased from Sept 11/1933 1933 to Feb 8 1934  
I last saw him alive on Feb 6, 1934. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis before Sept 33  
93C

Other contributory causes of importance:  
93C

Name of operation none Date of \_\_\_\_\_  
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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) S. H. Payne M. D.  
(Address) 404 1/2 W 75 N, K.C., Mo

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.

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