CORRECTED COPY

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

Do not use this space.

25177

1. PLACE OF DEATH
County St. Louis
Township Jefferson Barracks
City (No. Veterans Administration Facility St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 230

2. FULL NAME PAYNE, Charles I.
(a) Residence, No. General Delivery St., Ward. Chester, Illinois
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1891

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
44	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable
10. Date deceased last worked at this occupation (month and year) Unavail.
11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) Rockwood,
(STATE OR COUNTRY) Illinois

FATHER
13. NAME Sam Payne
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

MOTHER
15. MAIDEN NAME Emma - ?
16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

17. INFORMANT W. C. Gibson, M. D.
(ADDRESS) Vet. Adm. Facility, Jeff Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chester Ill. DATE July 6, 1935

19. UNDERTAKER Oscar C. Schreder
(ADDRESS) Chester, Illinois

20. FILED July 5, 1935 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to July 3, 1935
I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 7:35 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Abscess — Date of onset Unkn.

Other contributory causes of importance:
Pulmonary hemorrhage from abscess — Unkn.

Name of operation None Date of
What test confirmed diagnosis? Physical exam. clinical manifestations and laboratory findings. 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?
If so, specify
(Signed) W. C. GIBSON, Chief Med. Officer M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., 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.

ALL INFORMATION CALLED FOR MUST BE WRITTEN THIS SUPPLEMENTARY,

Do not use this space!

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

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township Jefferson — Primary Registration District No. 6248B — Registered No. 230
City (No. Veterans St. Ward)

2. FULL NAME Chas T Payne
(a) Residence, No. 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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	w	s.

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	1	28	

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

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 5, 1935 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess not tuberculous. Cause unknown - Hist - sick 3 weeks before entering Hosp.	

Other contributory causes of importance:
Pulmonary hemorrhage from abscess

Name of operation Date of
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) W. E. Gibson, M. D.
(Address) Vet adm facility Jefferson Barracks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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