

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1936

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

Do not use this space.

34665

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Shawnee Primary Registration District No. 1002
 City Kansas (No. 1401) Campbell St. _____ Ward _____

2. FULL NAME Marge Johnson Payne
 (a) Residence, No. 240 Campbell St. _____ Ward _____
 (Usual place of abode)
 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. _____
 (If nonresident, give city or town and State)

File No. _____
 Registered No. 4399
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>29</u>	<u>10</u>	<u>26</u>	

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

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

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) Kansas

MOTHER FATHER

13. NAME Herman Hanson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Galie Robinson

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

17. INFORMANT Nancy Thompson
 (ADDRESS) 240 Campbell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Westlawn DATE Sept. 30, 1936

19. UNDERTAKER Arthur W. Thatcher
 (ADDRESS) 1520 N. 5th St. K. C. Mo.

20. FILED Oct 1, 1936 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Margie Payne, 1936 to Sept. 19, 1936
 I last saw her alive on Sept. 19, 1936 Death is said to have occurred on the date stated above, at 11:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (Bilateral) Date of onset 7.6.36

Other contributory causes of importance:
Unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____
 (Signed) D. M. Miller, M. D.
 (Address) 1605 E. 18th St. K. C. Mo.

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