

REC'D MAY 18 1939

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

15727
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 14
(b) Township Little Norway Primary Registration District No. 586.9 Registered No. 11
(c) City Y (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

507 Annie May Payne
(a) Residence, No. Swift, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. House Keeper
10. Date deceased last worked at this occupation (month and year) 3-1-39 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottau plant Ark. 1

FATHER 13. NAME D. K. 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

MOTHER 15. MAIDEN NAME D. K.

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

17. INFORMANT (ADDRESS) John Helm Swift, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Swift DATE 4-8, 1939

19. FUNERAL DIRECTOR (ADDRESS) Will Hodge Swift, Mo.

20. FILED 5-16, 1939 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1939 to April 7, 1939

I last saw h. & c. alive on 4-4-1939. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Acute Bilateral Salpingo-oophoritis and Appendicitis
Date of onset 3-20-39

Other contributory causes of importance: 1346

Name of operation _____ Date of _____

What test confirmed diagnosis? S & S 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) Asst. Shively, M. D.

5 (Address) Hayti, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

10-13-10
Via Reg

10-13-10
Via Reg

10-13-10
Via Reg

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 18701
Registrar's No. 11 A

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Permiscah
(b) City or town
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ginnie May Payne

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 15727
(a) State. (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

19. MEDICAL CERTIFICATION
20. DATE OF DEATH Month Apr. day 7 - 29 -
year hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Acute - Bilat

Salpingo-ovophoritis
Due to → appendicitis.

Due to no further information

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. G. Shirey (M. D. or other)

Address Date signed

SUPPLEMENTARY

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

