

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 60 10616

BIRTH NO. 60 10616

1. NAME OF DECEASED (Type or Print) J. HOWARD PAYNE SR. 2. DATE OF DEATH Oct. 22, 1960

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
 FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
1536 Mc Colloh St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE MARYLAND B. COUNTY 14-02
 C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Baltimore
 D. STREET ADDRESS (If rural, give location)
1536 Mc Colloh St.

5. SEX Male 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 7-21-1887 9. AGE (In years last birthday) 73

10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) BALTO. MD. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Payne 14. MOTHER'S MAIDEN NAME Eleanor KYNOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT ADDRESS MARIE PAYNE - 1536 Mc Colloh St

18. 581.0 I CAUSE OF DEATH
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
Cirrhosis of Liver
 (A) DUE TO _____
 ANTECEDENT CAUSES (B) _____
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

INTERVAL BETWEEN ONSET AND DEATH
3 years

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Myocarditis
Several years

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 0 19a. DATE OF OPERATION none 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED _____ 20. AUTOPSY? YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) _____ 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I certify that (I) (this hospital) attended the deceased from March 19 58 to Oct 22 1960, that (I) (we) last saw the deceased alive on Oct 13 1960, and that in (my) (our) opinion death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. P. Hughes 23b. ADDRESS 825 N. Fremont St. 23c. DATE SIGNED Oct 25/60

ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M. D. _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/26/60 24c. NAME OF CEMETERY OR CREMATORY New Cathedral 24d. LOCATION (City, town, or county) (State) Balts. Md.

25a. DATE REC'D BY HEALTH DEPT. OCT 25 1960 25b. NAME OF REGISTRAR Huntington Williams 25c. FUNERAL DIRECTOR ADDRESS Earl Gilmore 519 Mosher St

THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

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