

Cynthiana Democrat – June 26, 1930

PAYNE — Mrs. Fairy Lee Payne, 29 years old, wife of Herbert Payne, died Saturday morning, June 21, 1930, at 9 o'clock, at her home near Leesburg. She was the daughter of Mr. and Mrs. Shirley Anderson, of Leesburg. She is survived by her husband and two children by a former marriage, Nora Elizabeth and Homer Rankin, her parents, two sisters and two brothers, Mrs. J. A. Monson, Miss Madge Anderson, Wm. and Roy Anderson. She was a member of the Baptist church. Funeral services were held Monday afternoon at 2 o'clock at the residence with the Rev. Cleo Purvis officiating. Burial was in the Millersburg cemetery. The pallbearers were Carl Payne, Will Payne, Edward Brannon, Joe H. Anderson, Conrad Anderson and J. A. Monson.

Payne, Fairy Lee Anderson Rankin 1901 - 1930

Form V. S. 1-A-50m-11-1-20

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14120

1 PLACE OF DEATH
County Harrison
Vol. 1 1930 Registration District No. 672
Inc. Town Leesburg Primary Registration District No. 3588
City Leesburg (No. 1 St. 1 Ward 1)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fairy Lee Payne
(a) Residence Leesburg St. 1 Ward 1
(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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married
6a. If married, widowed, or divorced (or) WIFE of Herbert Payne
6. DATE OF BIRTH (month, day, and year) Jan 3 1901
7. AGE Years 29 Months 5 Days 18 If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Harrison Co
(State or country)
13. NAME Herbert J. Anderson
14. BIRTHPLACE (city or town) Harrison Co
(State or country)
15. MAIDEN NAME Pearl Muller
16. BIRTHPLACE (city or town) Harrison Co
(State or country)
17. INFORMANT Herbert J. Anderson
(Address) Leesburg
18. BURIAL, CREMATION, OR REMOVAL Leesburg
Place Leesburg Date June 23, 1930
19. UNDERTAKER Smith & Sons
(Address) Leesburg
20. FILED 19
Wm. C. Blain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1930
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to June 21, 1930
last saw him alive on June 21, 1930, death is said to have occurred on the date stated above, at 4 m.
The principal cause of death and related causes of importance in order of onset were as follows:
Acute Pulmonary Tuberculosis Date of onset Aug 29
Contributory causes of importance not related to principal cause:
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? No If so, specify _____
(Signed) W. C. Blain M. D.
(Address) Leesburg

NOTE: WRITE PLAINLY. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.