

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

Do not use this space.

33430

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Jaw Primary Registration District No. \_\_\_\_\_  
 City James City (No. Trinity Hospital) St. 3rd Ward

File No. \_\_\_\_\_  
 Registered No. 4200  
 St. 3rd Ward

**2. FULL NAME**

Thomas Ed Misner  
 (a) Residence. No. Polo, Mo 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.

**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) Apr 18, 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	17	6	17	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Polo  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER C. E. Misner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Rosie Hankins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT T. G. Misner  
 (Address) Polo Missouri

15. FILED 11-5-27 M. M. Crowe  
 REGISTRAR Asst

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1927

17. I HEREBY CERTIFY, That I attended deceased from 29  
Oct, 1927, to Nov 5, 1927  
 that I last saw him alive on 6/15, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General debility, Pentonitis from suppurative appendicitis  
121A  
129

CONTRIBUTORY (SECONDARY) 117B

18. WHERE WAS DISEASE CONTRACTED Has been  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation  
 (Signed) A. B. Smith, M. D.

11-5-27, 1927 (Address) 1125 Rialto Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Polo, Missouri DATE OF BURIAL Nov 5 1927

20. UNDERTAKER Thomas Moran & Co ADDRESS 42nd & Baltimore

M. 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.

PERMANENT RECORD

70-1111  
Vic 4751

1951  
1952  
1953  
1954  
1955