

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. Missouri Baptist Hospital St. Ward)

**42517**  
File No. 12499  
Registered No. ....

**2. FULL NAME**

John E. Missimore  
(s) Residence, No. 3715 Wyoming St. 16 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Missimore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief of Police</u>	
	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) (STATE OR COUNTRY) <u>Ill.</u>		
MOTHER	13. NAME <u>Amos S. Missimore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Anna Chatman</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Mrs. Otto Ernst</u> (ADDRESS) <u>5010 Page Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillstons Ill</u> DATE <u>Dec 17 1931</u>		
19. UNDERTAKER <u>Grays Undertaking Co.</u> (ADDRESS) <u>4468 Madison Blvd</u>		
20. FILED <u>16 1931</u> <u>Max C. Stanley</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 4<sup>th</sup> 1931, to Dec 15<sup>th</sup> 1931.  
I last saw him alive on Dec 14<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 2:45 m.  
The principal cause of death and related causes of importance were as follows:  
121A Peritonitis due to  
121B Ruptured Sanguinous  
123B Appendix & obstructions  
Bowl  
Date of onset

Other contributory causes of importance  
Appendicitis | 21

Name of operation Appendectomy Date of 12/4/31  
What test confirmed diagnosis? operated 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? No  
If so, specify \_\_\_\_\_  
(Signed) Harry B. Meyer, M. D.  
(Address) 49013 Deliba

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.

MARCO RESERVED FOR BINDING

S. NO. 2.

