

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

Do not use this space.

28667

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township " Primary Registration District No. 3009
 8 City " (No. St. Francis Hospital St. 8 Ward)

2. FULL NAME Charles Edwin Miswonger
 (a) Residence, No. 1200 Block 8th St. Ward. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Miswonger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 337 1st St

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co, Mo

13. NAME W. J. Miswonger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Co, Mo

15. MAIDEN NAME Susan Mary Presnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co, Mo

17. INFORMANT (ADDRESS) W. J. Miswonger Cape Gir. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgewickville Sept 2 1932

19. UNDERTAKER (ADDRESS) Loring, F. & M. Co Cape Gir. Mo

20. FILED 9-1-32 W. Kauffman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/21 1932 to 9-1-32 1932
 I last saw him alive on 8/31 1932 Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Infected Leg (Gas Bacillus)
 Other contributory causes of importance: 154 (Foot)
Osteomyelitis
 Name of operation Res. of Bone Date of 8/25/32
 What test confirmed diagnosis? 1 Was there an autopsy? 1

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 Brusial
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. J. Miswonger M. D.
 (Address) Cape Girardeau, Mo

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.

OCT 24 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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