

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.

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

Do not use this space.

39632-A

1. PLACE OF DEATH
 33 County Dent Registration District No. 266
 Township Franklin Primary Registration District No. 5373
 City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 82

2. FULL NAME Henry Marshall Misener
 (a) Residence, No. _____ 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 Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beckie Ann Misener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 2 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Ray Co. Mo

MOTHER FATHER
 13. NAME Henry Misener

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER FATHER
 15. MAIDEN NAME Lattice Tunnel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Arthur Welch
 (ADDRESS) Custer Co

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Cem DATE 12/10/33

19. UNDERTAKER C. H. V. Spence
 (ADDRESS) Salem Mo

20. FILED 12/10 1933 H. C. Rindels, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1933, to 12-3, 1933
 Last saw him alive on 12-3, 1933 Death is said to have occurred on the date stated above, at 7:30 AM
 The principal cause of death and related causes of importance were as follows:
 Date of onset 1880

Chronic Myocarditis
Chronic Hypertension

Other contributory causes of importance None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Alfred H. Hunt, M. D.
 (Address) Salem Mo

