24 1928

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

Do not use this space.

32605

1. PLACE OF DEATH
County Wright — Registration District No. 908
Township Mountain Grove — Primary Registration District No. 4549
City Mountain Grove (No. ..... St. ..... Ward)

File No. .....
Registered No. 584

2. FULL NAME Dwight McEwen
(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 12 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: Maud E Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	0	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miller or
(b) General nature of industry, business, or establishment in which employed (or employer): stockbroker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lesbond Ill

PARENTS
10. NAME OF FATHER: Wm McEwen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Ann Bushnel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Vernon New York

14. INFORMANT: Mrs Maud E McEwen
(Address) Mountain Grove

15. FILED 10/26, 1928 J M Hubbard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-27-28

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1928, to Sept 27, 1928, that I last saw him alive on Sept 19, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Catarrhal Bronchitis
10 GB
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NB
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF ~
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) R. A. Ryan, M. D
9/28, 1928 (Address) Mtn Grove Mo

*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: Mountain Grove Hill Crest Cem. — DATE OF BURIAL: 9/29/1928

20. UNDERTAKER: N L Botten — ADDRESS: Mountain Grove

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.