

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

Do not use this space.

24093

1. PLACE OF DEATH

County Charlton
Township Triplitt
City Triplitt (No.)

Registration District No. 177
Primary Registration District No. 4704

File No. 20
Registered No. 2-1
St. Ward)

2. FULL NAME

Richard Ewing

(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 Colored | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Ewing

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 1900
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 60 - - -

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Nathan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Nathan

12. MAIDEN NAME OF MOTHER Nathan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Nathan

14. INFORMANT Belle Ewing
(Address) Triplitt Mo

15. FILED 7/13, 1929 R P Orr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1929

17. I HEREBY CERTIFY That I attended deceased from June 18 1927 to July 12 1929 that I last saw him alive on July 12 1929 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocardial Infarction

CONTRIBUTORY (SECONDARY) 129 W

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R P Orr, M. D.
, 19 (Address) Triplitt

*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 Brunswick Mo DATE OF BURIAL July 15 1929

20. UNDERTAKER L W Beasly Brunswick

K. 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.

AUG 23 1929

