SEP 22 1930

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

Do not use this space.

File No. 25971
Registered No. 968

1. PLACE OF DEATH

County: Buchanan — Registration District No. 35
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 420 No. 22nd. St. St. Ward)

2. FULL NAME Samuel Francis 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 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alma McEwen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 12, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	61	11	13	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Railway Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Burlington R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rock Island Co, Ill.

PARENTS
10. NAME OF FATHER: John McEwen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg, Penn.
12. MAIDEN NAME OF MOTHER: Mary E. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia, Penn.

14. INFORMANT: Mrs. Alma McEwen
(Address): 420 No. 22nd. St.

15. FILED: AUG 26 1930 19 — John G. Ho[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug, 28, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from April 2, 19 29, to Aug. 25, 19 30, that I last saw him alive on Aug. 25, 19 30, and that death occurred, on the date stated above, at 8.35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia. Hypostatic Bronchial-Pneumonia (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Cancer of Prostate Gland (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical + laboratory
(Signed) [illegible] M. D.
Aug. 26, 1930 (Address) Phys + Surg Bldg St Joseph, 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: Memorial Park Cemetery — DATE OF BURIAL: Aug, 27, 19 30

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD