

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

Do not use this space.

37483

791  
1003

File No. ....  
Registered No. 10559  
St. .... Ward)

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. 5621a., Maple Ave.)

**2. FULL NAME**

Sarah Jane McEwen 77<sup>o</sup> Ewen  
(a) Residence. No. .... St., 5 Ward. Dongola Ill.  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
Unknown McEwen 77<sup>o</sup> Ewen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5, 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	89	4	2	

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

9. BIRTHPLACE (CITY OR TOWN) Paris  
(STATE OR COUNTRY) Ill.

**PARENTS**

10. NAME OF FATHER	<u>Unknown Harvey</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>
12. MAIDEN NAME OF MOTHER	<u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown</u>

14. INFORMANT Mrs. Joseph T. Davis  
(Address) 7165' Kingsbury Place

15. FILED 1920 Nov 7 1920 Miss E. Stasler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 7 1930

17. HEREBY CERTIFY, That I attended deceased from Nov 7, 1930, to Nov 7, 1930.  
that I last saw her alive on Nov 7, 1930, and that death occurred, on the date stated above, at 12:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
131  
936  
19 (duration) yrs. 3 mos. ds.  
CONTRIBUTORY Chronic parenchymatous nephritis  
(SECONDARY) arteriosclerosis (duration) 4 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? physical findings  
(Signed) James D. Forsgren, M. D.  
, 1930 (Address) 3903 Olive

\*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 Uhlin Ill. DATE OF BURIAL 11/7/30

20. UNDERTAKER Ford Und Co. ADDRESS Dongola Ill.

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.

