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

Do not use this space.

34028

File No.

Registered No. 32

1. PLACE OF DEATH

County Daviess

Township

City Pattonsburg (No. , St. Ward)

Registration District No. 254

Primary Registration District No. 4054

2. FULL NAME George D. Ewine

(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.

NOV 2 4 19

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2/1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
89	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Trimble Co Ky

FATHER

13. NAME Fulton Ewing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Ky

MOTHER

15. MAIDEN NAME Rachel Robbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Ky

17. INFORMANT Mattie E Beasley
(ADDRESS) Cillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F Pattonsburg, Mo 10/8/31

19. UNDERTAKER E. Skinner
(ADDRESS) Pattonsburg, Mo

20. FILED 10-6, 1931 John G. Parker Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931 to Oct. 5, 1931

I last saw him alive on Oct 5, 1931. Death is said to have occurred on the date stated above, at 11-40 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poisoning	
Kidney Disease of Prostate	
137 B	
138 B	

Other contributory causes of importance:
Hypertrophied Prostate.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) John T. Carter, M. D.
(Address) Pattonsburg Mo

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.