

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

Do not use this space.

20139

1. PLACE OF DEATH

County Mercer
Township Somerset
City (No. _____) _____ St. _____ Ward _____

Registration District No. 553
Primary Registration District No. 5754

File No. _____
Registered No. 13

2. FULL NAME

Samuel Madison Ewing

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Fay Hickman Ewing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 5 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1879

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) Mercer Mo

13. NAME James Scott Ewing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Justice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn

17. INFORMANT (ADDRESS) Fay Ewing Raymond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cam Mercer Co DATE June 26, 1932

19. UNDERTAKER (ADDRESS) Chas E. DeBooker Richmond Mo.

20. FILED July 5, 1932 Mary O. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1932

22. I HEREBY CERTIFY that I attended deceased from June 24, 1932 to June 24, 1932
last saw him alive on June 24, 1932 Death is said to have occurred on the date stated above, at 4 P.M.

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

Accidental death by drowning - while swimming at a pond. (went after the other boys.)
Other contributory causes of importance: None
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury _____

Where did injury occur? 4 1/2 M. N. Raymons Mo. (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) J. H. Prieston M. D.
(Address) Wrightston, Mo.

WHITE 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.

JUL 25 1932

