

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.

NOV 25 1932

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

Review
Do not use this space.

32871

1. PLACE OF DEATH

61 County Macon Registration District No. 033
Township Budson Primary Registration District No. 3-713
City Macon (No.) St. Ward)

2. FULL NAME Ambrase 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1861
7. AGE YEARS 71 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Hamilton (STATE OR COUNTRY) Ohio

MOTHER FATHER
13. NAME Harry Ewing

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

15. MAIDEN NAME Margaret Bates

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

17. INFORMANT Wm Ewing (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomington DATE Oct 17, 1932

19. UNDERTAKER Robert S. Cunningham (ADDRESS) Macon

20. FILED 10/31, 1932 Mrs Luke Shinkle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Oct 13, 1932
I last saw him alive on Oct 15, 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:

Hemorrhage Brain
82A
97
Other contributory causes of importance: Arteriosclerosis (D)
Date of onset

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) A. M. Raman, M. D.
(Address) 1151, W. Macon Mo

