

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

Do not use this space.

12

1. PLACE OF DEATH

County ADAIR Registration District No. 4
 Township Primary Registration District No. 3001
 City KIRKSVILLE MO (No., St. Ward)

File No.
 Registered No. 9

2. FULL NAME J. C. 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 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 <u>Mary Ewing</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG 15th 1850</u>				
7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TEACHER				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BUSINESS COLLEGE				
10. Date deceased last worked at this occupation (month and year) <u>65</u>			11. Total time (years) spent in this occupation. <u>65</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KNOX CO MO

FATHER 13. NAME JAME EWING

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~KNOX CO MO~~ DONT

MOTHER 15. MAIDEN NAME ELIZABETH SHARP

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

17. INFORMANT (ADDRESS) St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 1-12-33

19. UNDERTAKER (ADDRESS) St. Louis, Mo

20. FILED Jan 17, 1933 Mrs. C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1932 to Jan. 9, 1933, 19...
 I last saw him alive on Jan. 9, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Edema

Date of onset 12/15

Other contributory causes of importance:
Pericarditis with effusion
Cardiovascular renal disease

Name of operation Date of
 Was there an autopsy? NO 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? NO

If so, specify

(Signed) C. B. Cary, M. D.

(Address) Kirksville, 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.

FEB 23 1933

82-4-25

26 off

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941

1941