

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

Do not use this space.

15404

1. PLACE OF DEATH

County Scotland Registration District No. 809
Township Harrison Primary Registration District No. 4487
City Gorin (No. _____, _____, _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Benjamin F. Ewing

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna E. Ewing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1845</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>9</u>
		DAYS
		<u>27</u>
		if LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>
	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) Lewis County Mo.

13. NAME William Ewing

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

15. MAIDEN NAME Elizabeth Creay

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

17. INFORMANT Mrs. Albert Demson
(ADDRESS) Gorin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harmony Grove DATE April 9 1933

19. UNDERTAKER Erith & Bonkett
(ADDRESS) Gorin, Mo.

20. FILED April 9, 1933 F. M. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to April 7, 1933
I last saw him alive on April 7, 1933. Death is said to have occurred on the date stated above, at 9:30 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset Apr 4/33
cerebral hemorrhage
Anterior Sclerosis
Cystitis

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) F. M. Johnson, M. D.
(Address) Gorin, 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.

MAY 24 1933

APR 15 1964

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