

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

Do not use this space.

**25680**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township..... Primary Registration District No. 1001  
City St. Joseph (No. 901 Douglas) St. .... Ward)

File No. ....  
Registered No. 802

**2. FULL NAME Alexander Ewing**

(a) Residence, No. 901 Douglas 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1859

7. AGE YEARS 74 MONTHS unknown DAYS Unknown If LESS than day, hrs. or min.

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

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) unknown (STATE OR COUNTRY) unknown

13. NAME Ewing

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

15. MAIDEN NAME unknown

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

17. INFORMANT Eliza Ewing (ADDRESS) 901 Douglas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Aug. 14/1933

19. UNDERTAKER Hamsey's Mortuary (ADDRESS) 9th & Olive St.

20. DATE AUG 14 1933 John K Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 11, 1933  
I last saw him alive on Aug 10, 1933 Death is said to have occurred on the date stated above, at 5.20 P.M.

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

Nitral Insufficiency Date of onset

Other contributory causes of importance

Name of operation..... 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? no  
If so, specify.....  
(Signed) Fenton L. Woodruff, M. D.  
(Address) 216 W. W. Mo. ave

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.

SEP 26 1933

31

100-100000