

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

Do not use this space.

26300

**1. PLACE OF DEATH**

County Jackson

Registration District No. 396

File No. \_\_\_\_\_

Township St. George

Primary Registration District No. 555.2

Registered No. 21

City Sibley

Unidentified (No.) body of drowned woman found near Sibley Ward

**2. FULL NAME**

(a) Residence, No. Found in Mo. River Aug. 13, 1933

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1933

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

22. I HEREBY CERTIFY, That attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Date of onset

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

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

Drowning  
16 30  
16 16

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Nov 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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Vernon K. Peters, M. D.

(Address) 8213 - Jess Summit

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLAC

DATE

Buckner Mo - Sept 8 1933

19. UNDERTAKER (ADDRESS)

U.M. Reppert Buckner

20. FILED \_\_\_\_\_, 19\_\_\_\_

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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

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**1. PLACE OF DEATH**

**Jackson**

County **Ft Osage or Blue**

Registration District No. **396**

File No. ....

Township **In Missouri River**  
City **Kansas City to Buckner Mo.**

Primary Registration District No. **557-2**

Registered No. ....

St. .... Ward)

**2. FULL NAME** **Mrs. Daisy Overfield McEwen**

(a) Residence, No. **Malta Montana for 22 yrs.** Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **0 yrs. 0 mos. 1 ds.** How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female**  
4. COLOR OR RACE **white**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 19. 1933**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Robert McEwen, Malta Mont.**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 7. 1873**

I last saw h. alive on **Aug. 19. 1933** night. Death is said to have occurred on the date stated above, at..... in.....

7. AGE YEARS **60** MONTHS **1** DAYS **12** If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:  
**Drowned - removed from Missouri River at Sibley Mo. Aug. 23. 1933**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**  
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) **Aug. 6. 1933** Total time (years) spent in this occupation.....

**Suicide indicated by rocks tied in clothing and hair cut short.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dixie Kentucky**

**Ill health identified by dental plates and cancer operation on left breast scar 12 yrs old, and color of hair**

13. NAME **Emanuel James Overfield**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dixie Kentucky**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** Date of injury **8/19/33**

15. MAIDEN NAME **Mary Katherine Watson**

Where did injury occur? **Missouri River - Jackson** (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dixie Kentucky**

**Examined Aug. 23. 1933**

17. INFORMANT **Robert McEwen Malta Mont.**  
(ADDRESS) **J.H. Overfield Poplar Bluff**

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **Buckner Mo.** DATE **Oct. 26. 1933**

19. UNDERTAKER (ADDRESS) **Buckner Mo.**

24. Was disease or injury in any way related to occupation of deceased? **N.**  
If so, specify.....

20. FILED **9-10** 19 **33** **N.D. Ramsey** Registrar.

(Signed) **Walter J. Kelly** M. D.  
(Address) **803 - Jess Street, Mo.**

ATH in plain form, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Summary of this case.

This drowned body was found floating and lodged at the Boat Landing near Sibley, three miles North of Buckner, Jackson County Missouri about noon on August 23rd 1933. Under orders of the Deputy Coroner, Dr. Peters, it brought to the Reppert Funeral Home at Buckner Missouri, where first examination gave the following description:

Age- 55 to 60 years. Hair- reddish-brown with some gray mixed with it. Weight- about 130 lbs. Color of eyes- brown Feet and toes - somewhat injured by use of ill fitting shoes, or too small shoes. Hands- average. Teeth- had full set of plates with teeth of natural color not too white. The small front tooth just left of the big front center tooth in upper jaw was half broken off. Face- round type. Scars- only one - left breast had been removed by cancer operation about ten years ago. The scar was parallel with the body and was about nine inches long. Clothing- she wore two sets of underwear and two pairs of hose, underneath a woolen bathing suit. Inside the upper part of this clothing and next to the body and tied in place with a dish cloth, were two small rocks about the size of a football. The hair was cut close and jaggedly as though done alone with the aid of a mirror and common shears. The body had been in the water several days.

Method of Identification.

Partially identified in November 1934 by Mrs. I.L. Yeater of Malta Montana who was looking for her neighbor, Mrs. Daisy McEwen, who had never returned from KC. Mo., having gone there to consult a doctor during the first half of August of 1933. She made the statement that she would never die of a cancer. Little else was done until November 1935, when I got in touch with the husband's lawyer, John A. Tressler of Malta Montana, and Mr. J.H. Overfield of Poplar Bluff Mo., a brother of Mrs. Daisy McEwen. The following facts in addition to those on front side of this certificate were learned:

Robert McEwen is 55 yrs old and was born in Millbridge Ontario, Canada. He and Daisy were married Sept. 3rd. 1914 at Glasgow Montana. Dental plates were made by Dr. Hass of Malta Montana and the surgical operation on left breast was made by Drs. Hoyt & Smith, Mahon Memorial Hospital at Glasgow Montana in 1921. Sisters and brothers surviving are- J.H. Overfield and R.H. Overfield of Poplar Bluff Mo. Miss Harriet Overfield and Mrs. E.A. Bauer of Evansville Indiana Mrs. H.D. Davis Henderson Ky. and Mrs. Chas Tapp Detroit Mich.

The above facts are true as far as we have been able to collect them and form a satisfactory basis and proof of identification of Mrs. Daisy McEwen.

Signed

*Vernon M. Reppert*  
Vernon H. Reppert.