

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

Do not use this space.

35956

1. PLACE OF DEATH

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County Chariton Registration District No. 171
Township Keytesville Primary Registration District No. 4100
City Keytesville (No.) St. Ward) (Ward)

2. FULL NAME

(a) Residences, 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 7 4

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) (STATE OR COUNTRY) Keytesville Mo.

13. NAME John Ewing

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

15. MAIDEN NAME Narcissia Wheeler

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

17. INFORMANT (ADDRESS) John Ewing Keytesville

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville DATE Nov 5 1933

19. UNDERTAKER (ADDRESS) Hyde & Hamitt Keytesville Mo.

20. FILED Nov 3 1933 Zeller Sneed Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1933 to Nov 2 1933
I last saw him alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Acute mitral regurgitation and splenic abscess

Other contributory causes of importance: 32A 73A None

Name of operation None Date of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Dr. J. H. ... M. D. (Address) Keytesville

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.

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