

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

Do not use this space.

36561

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Flaw Primary Registration District No. 1002
 City Kansas City (No. 1101 Brooklyn) St. _____ (Registered No. 448)
 _____ (Ward) _____

2. FULL NAME Mary A McEwen
 (a) Residence, No. 1101 Brooklyn St., _____ Ward. _____ (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>8</u>	<u>2</u>	

OCCUPATION

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

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) Queenton Ky

FATHER

13. NAME Mathew Orygnipe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Allen A. McEwen
 (ADDRESS) 1101 Brooklyn, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Moriah DATE Nov. - 15 - 1933

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Brooklyn Ave

20. FILED Nov 15 1933 M. Th. Groome
cash Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1933 to Nov 13 1933
 I last saw her alive on Nov 13 1933 Death is said to have occurred on the date stated above, at 12:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 131
80
22
 Other contributory causes of importance:
Chronic Nephritis (Bright's)

(Name of operation none Date of _____)
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. Th. Groome M. D.
 (Address) 901 Hospital Bldg Kansas City 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.

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11. to 1. pm

Tues.

Sharp Peak

5500 ft. alt.

No 5657