MAR 24 1934

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

Do not use this space.

7520

1. PLACE OF DEATH

County: Douglas — Registration District No. ____ — File No. ____

Township: Eden — Primary Registration District No. ____ — Registered No. ____

City: Brownbranch Mo. (No. ____ St. ____ Ward ____)

2. FULL NAME Mary Elizabeth Ewing

(a) Residence, No. ____ Brownbranch 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 76 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76	2	17	

OCCUPATION

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

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) Feb 25 - 1934 — 11. Total time (years) spent in this occupation (life)

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

FATHER

13. NAME Wm. H Albright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina Guilford Co.

MOTHER

15. MAIDEN NAME Susan Fogey ~~Mary Elizabeth Albright~~

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville - Tenn.

17. INFORMANT (ADDRESS) Mrs. E. C. Adams - McElwrg. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownbranch Mo DATE 2-27 1934

19. UNDERTAKER (ADDRESS) neighbors

20. FILED ____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB - 25 1934

22. I HEREBY CERTIFY, That I attended deceased from FEB 25, 1934, to FEB 25, 1934

I last saw her alive on FEB 25, 1934. Death is said to have occurred on the date stated above, at 5 15 m.

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

	Date of onset
Severe burns on arms legs - back and chest	FEB-25-34
18 hrs	
33	27
97	

Other contributory causes of importance:

Arteria sclerosis
Myocardial degeneration

Name of operation none Date of ____

What test confirmed diagnosis? none Was there an autopsy? no

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

Accident, suicide, or homicide? ACCIDENT Date of injury FEB 25, 1934

Where did injury occur? Brownbranch Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Severe burns

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) H. G. Williams 1st Lieut., M. D.

(Address) C.C.C. - 738 - Brownbranch Mo.

CCC Co. 738
Brownbranch, Mo.

Sept. 15th, 1934.

Miss Irene Brown,
Forsyth, Mo.

Dear Miss Brown;

In compliance with requestalthough somewhat late will say that the accident that caused the death of Mary Elizabeth Ewing did not involve the burning of the house although her dress caught fire from a stove in the room in which she lived. The fire of her clothing was extinguished by her nephew Mr. Albright but not soon enough to prevent serious burns .

Respectfully,
H. G. Williams
H. G. Williams,
1st. Lt. Med-Res.
Camp Surgeon.

N. B.—Every [illegible] should be carefully supplied. AGE should be stated EXACTLY. PHY[illegible] should stat[illegible]
CAUSE OF D[illegible] plain terms, so that it may be properly classified. Exact statement of OCCUPATIO[illegible] important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Janey
Township Beauty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 861
Primary Registration District No. 6127

File No. .....
Registered No. 3

2. FULL NAME Mary Elizabeth Ewing
(a) Residence, No. Brown branch St., Mo Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 76 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	2	17	

OCCUPATION
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) Feb 25 1934
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME Wm H Albright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina Telfair Co

MOTHER
15. MAIDEN NAME Susan Laney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville Tenn

17. INFORMANT (ADDRESS) Mrs E Cadams McDuy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown branch Mo DATE 2/27 1934

19. UNDERTAKER (ADDRESS) Neighbors

20. FILED 4-9 1934 Irene Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1934 to Feb 25, 1934
I last saw her alive on Feb 25 1934 Death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Severe burns on arms - legs - back and chest caused from clothing catching fire from stove.	

Other contributory causes of importance:
Arterio sclerosis
myocardial degeneration

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/25 1934
Where did injury occur? Brown branch Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Severe burns
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. G. Williams 1st Lieut, M. D.
(Address) C. C. C. 738 Brown branch Mo.

SUPPLEMENTARY

5-(2)-75 20