

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.

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

Do not use this space.

MAR 2 1935

2555

1. PLACE OF DEATH

County Wardolph Registration District No. 735
Township _____ Primary Registration District No. 3094
City Waverly (No. Wabash Hospital) St. _____ Ward _____

File No. _____
Registered No. 16

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Dalton Mo
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 - 1871

7. AGE YEARS 63 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Chariton County

13. NAME William Ewing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lucy Shepard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mary Ewing (ADDRESS) Dalton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton Mo DATE Jan 27 1935

19. UNDERTAKER High & Garbutt (ADDRESS) Waverly Mo

20. FILED 23 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935, to Jan 23 1935.
I last saw him alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 7:45 A.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1933

Other contributory causes of importance: 93 B

Name of operation None Date of _____

What test confirmed diagnosis? C&E 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) Max E. Kaiser, M. D.

(Address) Wabash Hospital

Waverly, Mo.

