

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.

JUL 29 1935

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

Do not use this space.

18817

1. PLACE OF DEATH

County Platte
Township Platte
City Grant City (No.)

Registration District No.
Primary Registration District No. 1212

File No.
Registered No.
St. Ward)

2. FULL NAME Mora Ewing

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ewing
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
59 1 27

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) Jan. 1, 1935
11. Total time (years) spent in this occupation

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

MOTHER FATHER
13. NAME Joseph Miller

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

15. MAIDEN NAME Isabelle Jackson

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

17. INFORMANT (ADDRESS) John Ewing
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 5/20/35

19. UNDERTAKER (ADDRESS) Arch C. Dumble
Grant City, Mo.

20. FILED 7-10 1935 Fred Mull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-35

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to 5-18, 1935

I last saw her alive on 5-17, 1935. 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:

Septicemia
with mitral regurgitation 1934
920

Other contributory causes of importance: Arteriosclerosis 1910

Name of operation Date of
What test confirmed diagnosis? Physic findings 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) Shess M. D.

(Address) Grant City, Mo.

