

1111 21 1936

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

Do not write in this space

22645

1. PLACE OF DEATH

County Henry
Township.....
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 14211

File No.
Registered No. 19
St. Ward)

2. FULL NAME Mrs. Leota Weidner Ewing

(a) Residence, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>0</u>	<u>29</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
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) LeRoy (STATE OR COUNTRY) Illinois

FATHER 13. NAME C. F. Weidner
unknown

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

MOTHER 15. MAIDEN NAME Amanda Wood

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Illinois

17. INFORMANT Fred W. Ewing (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Chilhowee Cemetery DATE June 11th, 1936

19. UNDERTAKER Huston-Turner (ADDRESS) Windsor, Missouri

20. FILED 6-11-36 Registrar J. A. Bluffmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 9, 1936
Last saw her alive on June 8, 1936 Death is said to have occurred on the date stated above, at 4:00 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6-8-36
Nephritis & Hypertension 1-1-33

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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) J. A. Bluffmore, M. D.
(Address) Windsor, Mo

WRITE CLEARLY, 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.

