

NOV 16 1936

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

Do not use this space.

37895

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township East

Primary Registration District No. 1002

City K.C.MO.

(No. Gen. Hosp. # 2)

File No. _____

Registered No. 45231

St. _____ Ward _____

2. FULL NAME Luther V. Ewing

(a) Residence, No. 2401 Tracy Apt 12, 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 33 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Marceline Mo

13. NAME Wm Ewing

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

15. MAIDEN NAME Rosetta Hurt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Raymond T. Ewing
(ADDRESS) 2203 Wabash 2nd Fl S

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery 10-30-36

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 East 18th St

20. FILED Oct 29 1936
M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-36, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him Deputy Coroner Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Automobile Traumatism
Lacerated Muscles of
Buttocks with Hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis imp. Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 10-26-36

Where did injury occur? 24th and Tracy
(Specify city or town, county, and State)
On street 24th and Tracy

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

Manner of injury into train
Nature of injury Ext Hemorrhage

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

If so, specify _____

(Signed) Lucan F. Richardson M. D.
(Address) 1832 Yme

WRITE PLAINLY, WITH CAPITAL LETTERS. 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.

