CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1936

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

Do not use this space.

44090

21

1. PLACE OF DEATH
County Clinton
Township Keytesville
City Keytesville (No. ..... St. ..... Ward)

Registration District No. 171
Primary Registration District No. 4100

File No. .....
Registered No. 40

2. FULL NAME LEO M. EWING
(a) Residence, No. Kirksville 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: EVA EWING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC 18 1883

7. AGE: YEARS 52 MONTHS 11 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STATE HIGHWAY DEPT
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): LaGrange, Mo

FATHER
13. NAME: WILL EWING
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: BELL Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY

17. INFORMANT (ADDRESS): CH. Robinson Jr 601 E Hickory

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 12/10 1936

19. UNDERTAKER (ADDRESS): Summers & Son Kirksville Mo.

20. FILED 12/7 1936 Mrs Roy Landree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h— alive on ....., 19—. Death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed left chest	12-7-36

Other contributory causes of importance:

Fractured right ankle	12-7-36
Contusions of head	"
Abrasions of head	"

Name of operation None Date of —
What test confirmed diagnosis? Examination 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 12-7, 1936
Where did injury occur? Keytesville, Clinton, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway 24
Manner of injury Car accident
Nature of injury Crushed left chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F. L. Harms Coroner, M. D.
(Address) Salisbury Mo

210A

MAR 27 1947

010

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.

1. PLACE OF DEATH
County: Chariton — Registration District No. 171 — File No.
Township: — Primary Registration District No. 4100 — Registered No. 40
City: Keytesville (No. , St. Ward)

2. FULL NAME: Leo M. Ewing

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
52	11	20	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/24 1937 Mrs Roy Sandra Registrar.

SUPPLEMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him alive on , 19. 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:

	Date of onset
Crushed left chest	
Passenger	

Other contributory causes of importance:
Fracture r/t ankle
Contusion of head
Abrasions of head

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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: Car accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. L. Harman Cor, M. D.
(Address) Salisbury Mo.

S-44090