

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

Do not use this space.

**FEB 23 1937**

1. PLACE OF DEATH  
 99 County Scotland Registration District No. 810  
 2 Township Jefferson Primary Registration District No. 4488  
 2 City Memphis (No. 31) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Bella Ann 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.

File No. 4558  
 Registered No. 4  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Andrew Ewing  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1853  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 7 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 FATHER 13. NAME Shedrick Laws  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 MOTHER 15. MAIDEN NAME Garnet Tanner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT Mrs Mel Couch  
 (ADDRESS) Memphis Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Friendship DATE Jan 31, 1937  
 19. UNDERTAKER Merth Basket  
 (ADDRESS) Memphis Mo  
 20. FILED FEB 3 - 1937  
C. C. Gannon (Address) Memphis Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1937  
 22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1937, to Jan 29, 1937.  
 I last saw her alive on January 22, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer on nose for several years.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
General debility due to age.  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) James H. Mitchell 1, M. D.  
 (Address) Memphis Mo

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.

