

APR 27 1937

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

Do not use this space.

13267

1. PLACE OF DEATH

County *St. Francis*
Township *Jerry*
City *Bonne Terre*

Registration District No. *775*
Primary Registration District No. *6022-A*
(No. *Danne Terre Hospital*)

File No. *13267*
Registered No. *34*
St. _____ Ward _____

2. FULL NAME

Ella Williams McEwen

(a) Residence No. *Farmington Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 25 1937*

17. I HEREBY CERTIFY, That I attended deceased from *March 1937*, 1937, to *March 25*, 1937, that I last saw her alive on *March 25*, 1937, and that death occurred, on the date stated above, at *150 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Simple comminuted fracture of left upper femur between trochanters.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 30, 1856*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 21

CONTRIBUTORY (SECONDARY) *Same.* (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housework*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *Farmington Mo.*
DID AN OPERATION PRECEDE DEATH *no.* DATE OF _____
WAS THERE AN AUTOPSY? *no.*

9. BIRTHPLACE (CITY OR TOWN) *Farmington Mo*
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *Farmington Mo.*

DID AN OPERATION PRECEDE DEATH *no.* DATE OF _____

WAS THERE AN AUTOPSY? *no.*

WHAT TEST CONFIRMED DIAGNOSIS *X-ray pictures.*

(Signed) *David Edmett*, M. D.

March 25, 1937 (Address) *Bonne Terre, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

10. NAME OF FATHER *Wm B. Williams*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Connecticut*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Cole*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Solosi, Mo.*
(STATE OR COUNTRY)

14. INFORMANT *Mayme Bruce*
(Address) *Farmington, Mo.*

15. FILED *3.25 1937* *N.W. Hawkins*
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Massion - Farmington* DATE OF BURIAL *3/27 1937*

20. UNDERTAKER *Needart Med Co.* ADDRESS *Farmington*

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.

12/11/19

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois
Township
City Bonne Terre (No.)

Registration District No. 775
Primary Registration District No. 6020A

File No. 13267
Registered No.
St. Ward)

2. FULL NAME

Ella Williams McEwen

(a) Residence, No. St. Ward.
(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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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.
80 2 21

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Mar 25, 1937 N. W. Hawling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1937

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

I last saw h..... 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:

Fracture of left upper femur Date of onset

Other contributory causes of importance: 1860

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? Accident Date of injury 3/1/37, 19.....
Where did injury occur? Farmington, Mo., St. Francois Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fallen on floor in her home
Nature of injury Fracture of left upper femur

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold E. Smith, M. D.
(Address) Bonne Terre Mo

SUPPLEMENTARY

3/1/37

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-13217