

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 979 File No. 32089
Township St. Charles Primary Registration District No. 43-32 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Donald David Ewan

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 6 10

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) Missouri

13. NAME Russel Ewan

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

15. MAIDEN NAME Blanche Armstrong

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

17. INFORMANT Russel Ewan (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Sep-12-37

19. UNDERTAKER Red McCallum (ADDRESS) Home No.

20. FILED Sept 16, 1937 Mrs. M. Denton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-11-1937

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

I last saw h. since before arrival 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:

Crushed under street wheels lived 30 minutes, internal hemorrhage, unavoidable,
Other contributory causes of importance: _____

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 Sept 11, 1937
Where did injury occur? Vernon County, 5 miles South St. Charles (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on County road

Manner of injury Free from truck
Nature of injury Crushed internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Wm. H. Allen Jr., M. D.
(Address) Home No.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every measure of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

