

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Ryan
City Han City

Registration District No. 399
Primary Registration District No. 1002
(No. Burton Hotel - 9th Holmes St. 1935 Ward)

File No. 36526
Registered No. 1935

2. FULL NAME

(a) Residence, No. Burton Hotel 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna M. Borwick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 - 1882</u>		
7. AGE <u>3</u>	YEARS <u>55</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Collectors Office</u>	
	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) <u>Jones</u>		
MOTHER	13. NAME <u>John B. McEwen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Anna B. Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Edna M. Borwick</u>		
18. BURIAL (CREMATION OR REMOVAL) PLACE <u>Edgewood</u> DATE <u>9-1-37</u>		
19. UNDERTAKER (ADDRESS) <u>Bergman Funeral Home</u>		
20. FILED <u>10-1</u> 1937 <u>M. M. Crowe, as sh</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 37

22. I HEREBY CERTIFY, that I attended deceased from August 1 1937, to September 29 1937
I last saw h. Sept 29 1937 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:
Adison's Disease Date of onset _____

Other contributory causes of importance:
Anemia

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify ✓
(Signed) Edward J. Boyer M. D.
(Address) 18 East 11. R.R. 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.

186 John Boyer