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.

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

Do not use this space.

2/1

1. PLACE OF DEATH

County Linn — Registration District No. 499 — File No. 3325

Township Clay — Primary Registration District No. 5664 — Registered No. 1

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Thomas R. Ewing 520

(a) Residence, No. R F D #1 Wheeling 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: 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~~: Clara Etta Ewing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1st 1871

7. AGE: YEARS 66 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
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): Wheeling West Va

FATHER

13. NAME: James Ewing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Sybil Braggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Otis Ewing Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Parson Creek Cem. — DATE: Jan. 22, 1938

19. UNDERTAKER (ADDRESS): Smiley Funeral Home Wheeling Mo

20. FILED: Jan-20-1938 Geo. H. Carlson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 18, 1938

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 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot to Head	
(Self inflicted	
(Suicide)	
(Coroner View)	

Other contributory causes of importance:

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: Suicide — Date of injury: Jan 18 1938

Where did injury occur? R F D #1 Wheeling Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Gun Shot to head

Nature of injury: Head injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Knox H. Lucas, M. D.

(Address) Coroner of Linn Co Brookfield Mo

4-4-8

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