

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.

44039

1. PLACE OF DEATH
 County Mercer Registration District No. 558
 Township Harrison Primary Registration District No. 5749
 City Cainsville (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Ewry
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1849.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 6 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Westpoint Indiana

FATHER
 13. NAME Samuel Ewry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Susan Kiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Leonard Ewry
 (ADDRESS) Cainsville, Mo.

18. PLACE OF REMOVAL to Marshalltown Iowa Dec. 2, 1939

19. UNDERTAKER Eddie F. Shalton
 (ADDRESS) Cainsville, Missouri

20. FILED 12/5 1939 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1939, to Nov. 30, 1939
 I last saw him alive on Nov. 29, 1939 Death is said to have occurred on the date stated above, at 3:00 A.M.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Organic disease of Heart 1544
Mitral insufficiency - 1044
Chronic Interstitial Nephritis 1544

Other contributory causes of importance:
None 171

Name of operation _____ Date of _____
 What test confirmed diagnosis? Prep 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 _____, 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) H. Nally M. D.
 (Address) Cainsville, Missouri

RECEIVED

District Health Officer No. 11,

District File Number 140-1836

Date Filed JAN 10 1940