

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

Do not use this space.

14245

1. PLACE OF DEATH
 County Bates 2 Registration District No. 366
 Township Springdale S Primary Registration District No. 5001
 City 570 Lewis & Clark St. _____ Ward _____

2. FULL NAME Lewis Ewing
 (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.

File No. _____
 Registered No. _____

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 ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1869
 7. AGE YEARS 68 MONTHS 0 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 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. _____
 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) Ohio /

13. NAME Peter Ewing /

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

15. MAIDEN NAME _____ / S

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

17. INFORMANT Paul Ewing
 (ADDRESS) Union Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery DATE May 17 1937

19. UNDERTAKER Robert Arnold
 (ADDRESS) Creston Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 15 1937
 I last saw h. alive on May 17 1937 Death is said to have occurred on the date stated above, at 7 P m.

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

Metral irregularities of heart Date of onset _____

Other contributory causes of importance: 420

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? _____ 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? _____

If so, specify _____ (Signed) Edgar M. Griffith, M. D.

(Address) Harrisburg

7
 DEATH RECORD

WRITE PLAINLY, WITH

1 20314

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
STANDARD CERTIFICATE OF DEATH

State File No. 14243-7
Registrar's No. 6

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 366

Primary Registration District No. 5091

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Spring
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____ Ewing (Specify whether years, months or _____)

3. (a) PRINT FULL NAME Lewis Ewing

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days 8 If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business _____

MOTHER FATHER

12. Name Peter Ewing

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Ewing

(b) Address Rich Iris

17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof May 17 1947
(Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem

18. (a) Signature of funeral director Robert Arnold

(b) Address Ewing

19. (a) Oct 1 1940
(Date received local registrar)

(b) Laura S. Odell
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Central Registration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)

23. Signat Edgar H. Griffith
(M.D. or other)

Address Harrison Date _____

