

JUN 24 1929

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

Do not use this space.

29924-a

1. PLACE OF DEATH

County Osage
Township Waverly
City (No.)

Registration District No. 2
Primary Registration District No. 5002

File No.
Registered No. 9
St. Ward

2. FULL NAME

Miss Anna Mary Ewing

(a) Residence No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M. F. White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

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

Sep 17 29

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
4 hrs.
or min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Child

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

William M. Ewing

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Lucy Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

W. M. Ewing
consigned with us

15. FILED

Sep 18 1929 85 Gehringer
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sep 12 1929

17.

HEREBY CERTIFY, That I attended deceased from Sep 12 - 1929 to 12:30 PM, 1929, that I last saw her alive at 1:30 PM, 1929, and that death occurred, on the date stated above, at 3 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Local Lesion

CONTRIBUTORY (SECONDARY)

15410

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. M. Ewing M. D.
, 1929 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Wagon Harmony Center Sept 18 1929

20. UNDERTAKER

ADDRESS

Howell & Son

CAUSE OF DEATH in plain terms, so that it may be properly translated.

