JUN 26 1936

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

Do not use this space.

20590

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township " — Primary Registration District No. 4464 — Registered No. 91

City Farmington (No. , St. Ward)

2. FULL NAME George Anderson McEwan

(a) Residence, No. 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: Ella Williams McEwan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5, 1859

7. AGE: YEARS 76 — MONTHS 8 — 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.: Physician
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): Scotland

FATHER

13. NAME: Peter McEwan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER

15. MAIDEN NAME: Mary Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Frank Ledbetter, Carterville, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic — DATE: 5/24 1936

19. UNDERTAKER (ADDRESS): Neidert Und Co, Farmington, Mo.

20. FILED: May 23 1936 — B J Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to May 22, 1936
I last saw him alive on May 5, 1936. Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Since last year
Other contributory causes of importance: Genuine Arteriosclerosis.	?

Name of operation: none — Date of: ✓
What test confirmed diagnosis? Clinical — 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) B. J. Robinson, M. D.
(Address) Farmington Mo