CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1936

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

Do not use this space.

40617

1. PLACE OF DEATH
County: Carroll
Township: Eugene
City: (No. , St. Ward)
Registration District No.: 135
Primary Registration District No.: 5201
File No.:
Registered No.: 107

2. FULL NAME: Edna May 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: T W Ewing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-6-1883

7. AGE: YEARS 53 | MONTHS 8 | DAYS 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Mercer Co Mo

FATHER
13. NAME: John Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Mo

MOTHER
15. MAIDEN NAME: Clementa Flowers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Mo

17. INFORMANT (ADDRESS): T. W Ewing Wakenda Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill Ave DATE: 11-5 1936

19. UNDERTAKER (ADDRESS): Willis Funeral Home Carrollton Mo.

20. FILED: 11-4 1936 Keith Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1936, to November 3, 1936
I last saw her alive on November 3, 1936. Death is said to have occurred on the date stated above, at 3 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

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? 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) P Hamilton Slater M. D.
(Address) Carrollton Mo Jan