

1 PLACE OF DEATH
COUNTY OF ESERALDA

TOWN OF Goldfield
or
CITY OF _____

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

State Index No. _____
LOCAL REGISTERED NO. 38

(No. _____ St. _____ Ward _____)

Full Name Emanuel B. Ewing

(If death occurred in a hospital or institution, give its NAME instead of street and number, and fill out No. 28.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single Married Widowed or Divorced (Write the word) Married

6 DATE OF BIRTH Oct. 24 1902
(Month) (Day) (Year)

7 AGE 35 yrs. 5 mos. 11 da. If LESS than 1 day
hrs. or min.

8 OCCUPATION (a) Trade, profession or particular kind of work Miner
(b) Branch, nature of industry, business or establishment in which employed (or employer) Leaser

9 BIRTHPLACE (State or country) Kansas City, Kansas

10 NAME OF FATHER George Ewing

11 BIRTHPLACE OF FATHER (State or country) Indiana

12 MAIDEN NAME OF MOTHER Ella Maud Hamilton

13 BIRTHPLACE OF MOTHER (State or country) Indiana

14a LENGTH OF RESIDENCE
At place of Death: _____ years _____ months
In Nevada: 14 years _____ months

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 5 1938
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 28 1938 to April 5 1938 that I last saw him alive on April 5 1938 and that death occurred on the date stated above at 4 30 P. M. The CAUSE OF DEATH* was as follows:
Bilateral broncho-pneumonia

(Duration) _____ yrs. _____ mos. _____ da. 9

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ da.

(Signed) Gerald P. Sylvana M. D.
April 5 1938 (Address) Goldfield, Nevada

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Manner of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Helen Ewing
(Address) Tonopah, Nevada

18 SPECIAL INFORMATION only for Hospitals, Institutions, Tourists, or Resort Residents
Former or Usual Residence: Tonopah, Nevada How long at _____
Place of Death: 10 _____
Where was disease contracted, if not at place of death: Tonopah, Nevada

15
Filed _____ 1938
Filed April 7 1938 G. J. Sylvana
Registrar of Deaths

19 PLACE OF BURIAL OR REMOVAL Tonopah, Nevada
DATE OF BURIAL April 7 1938
20 UNDERTAKER W. T. Logan
ADDRESS Tonopah, Nevada