JUL 25 1927

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 17624

Township: — Primary Registration District No.: 1001 — Registered No.: 667

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: James Gilbert Erwin

(a) Residence. No. St., Ward. Rock Port, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 14, 1913

7. AGE: Years 14 — Months 2 — Days 13 ~~15~~ — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AthHome.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Co, Mo.

PARENTS

10. NAME OF FATHER: James N. Erwin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Atchison Co, Mo.
12. MAIDEN NAME OF MOTHER: Ethel Deatz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Atchison Co, Mo.

14. INFORMANT: Mrs. Ethel Erwin
(Address) Rock Port, Mo.

15. FILED JUN 28 1927 — John G. Wh[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1927, to June 27, 1927, that I last saw him alive on June 27, 1927, and that death occurred, on the date stated above, at 12.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Peritonitis
Ruptured gangrenous appendicitis
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Atchison Co Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 25-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D
6/28, 1927 (Address) St Joseph Mo.

*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: Rock Port, Missouri — DATE OF BURIAL: June, 30, 1927

20. UNDERTAKER: Walter McEachoffer — ADDRESS: 1302 Faraon St.

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.