

MAY 27 1930

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

Do not use this space.

13626

1. PLACE OF DEATH

County Polk  
Township Union  
City Albion, Mo. (No. ....)

Registration District No. 702  
Primary Registration District No. 6249

File No. 4  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Louisa Cerwin

(a) Residence. No. Albion, Mo. R. 2 St. .... Ward.

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March - 14 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 1 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Keokuk, Ia.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Samuel Holman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Rebecca Holman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY) .....

14. INFORMANT Mrs. Ida Sell  
(Address) Stockton, Mo.

15. FILED April 30 1930 E. E. Moore  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 29 1930

17. I HEREBY CERTIFY, That I attended deceased from April - 26 - 1930, to April - 29 - 1930 that I last saw him alive on April - 29 - 1930, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute meningitis  
GBA  
GBA (duration) yrs. mos. 2 ds.  
T.M. Acute otitis media  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED GBA  
IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? W. F. Myers M. D.  
(Signed) April 30 - 1930 (Address) Albion, 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 Brown County DATE OF BURIAL 5-17 1930

20. UNDERTAKER D. A. Baird Sons ADDRESS Malvern, Mo

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

