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

Do not use this space.

31677

File No.
Registered No.

1. PLACE OF DEATH
County: Carter — Registration District No.: 143
Township: Carter — Primary Registration District No.: 5205
City: Van-Buren (No. , St. Ward)

18

2. FULL NAME: Effa Berl Erwin
(a) Residence, No. (Usual place of abode): Van Buren, Mo St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 22 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 21, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	18	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home Girl
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): Kennet Ark.

FATHER
13. NAME: Otis Erwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Nell Rainwater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Van Buren Mo.

17. INFORMANT: Mrs Ursie Berg (ADDRESS) Van Buren Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Van Buren DATE Oct, 10 1932
19. UNDERTAKER: W.C. Groy (ADDRESS) Van Buren, Mo.
20. FILED 10-10, 1932 J. H. Cotton Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Oct 10, 1932
I last saw her alive on Oct 10, 1932. 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
Eclampsia + Child Birth	
149	
149 B	
1	

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) C. C. Sheets, M. D.
(Address) Gerrard 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.