

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

130461
Do not use this space.

27260

File No. _____
Registered No. 210
St. _____ Ward _____

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80
1. PLACE OF DEATH
County Peoria Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 2103) Summit
2. FULL NAME William F. Erwin
(a) Residence, No. 2103 Summit St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Erwin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 1862</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
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.	
	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) <u>Ohio</u>		
MOTHER	13. NAME <u>Milton C Erwin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Eliz. Deens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Wm F Erwin</u> (ADDRESS) <u>Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Myer Park</u> DATE <u>8/31/33</u>		
19. UNDERTAKER <u>Wheeler's Undertaking Home</u> (ADDRESS) <u>Sedalia Mo</u>		
20. FILED <u>Aug. 31, 19</u> <u>Jean Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23rd, 1933, to Aug 29th, 1933
I last saw him alive on Aug 29th, 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset _____

Other contributory causes of importance
Substititinal nephritis with hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? no

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? no
If so, specify _____
(Signed) loyd Rohling, M. D.
(Address) Sedalia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months and days. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

