WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 19 1934

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

Do not use this space.

20255

1. PLACE OF DEATH
County Jackson
Township
City Independence (No. 3019 St. Ward)
Registration District No. 398
Primary Registration District No. 5554
File No.
Registered No. 209

2. FULL NAME Buford W. Ervin ERVIN
(a) Residence, No. 11416 Simpson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W h
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1893

7. AGE: YEARS 41 MONTHS 1 DAYS [illegible] If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Salesman
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) Aug 1934
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

FATHER
13. NAME Walter G. Ervin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

MOTHER
15. MAIDEN NAME Elizabeth Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

17. INFORMANT (ADDRESS) John E. Ervin 11416 Simpson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE June 21, 1934

19. UNDERTAKER (ADDRESS) Att + Mitchell Indep. Mo.

20. FILED June 20, 1934 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to June 19, 1934
I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Brain (Secondary)	1934
53E	
53C	
53	

Other contributory causes of importance:
Primary Sarcoma cutis of the left sole of foot. 1931

Name of operation Removal Ing Gland Date of May 1934
What test confirmed diagnosis Microscope 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) George T. Twyman, M. D.
(Address) Independence Mo