

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

Do not use this space.

NOV 13 1934

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1. PLACE OF DEATH

County Schuyler Registration District No. 8-04-862 File No. _____
 Township DuBois Primary Registration District No. 6-049 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Mintie Erwin
 (a) Residence, No. _____ 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 <u>F.</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>Andrew R. Erwin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12" 1865</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data 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) Schuyler Co. Mo.

FATHER 13. NAME Geo. R. Erwin

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Mary Hainster

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Virgil O. Erwin
(ADDRESS) Truesdell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsboro DATE 10/8 1934

19. UNDERTAKER F. R. Erwin
(ADDRESS) Truesdell, Mo.

20. FILED Oct 8 1934 MISS-O-P-Farrington
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6" 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to Oct 1st, 1934
 I last saw him alive on 1st " " 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Pericardial Anemia Date of onset _____

Other contributory causes of importance:
71A MIA

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

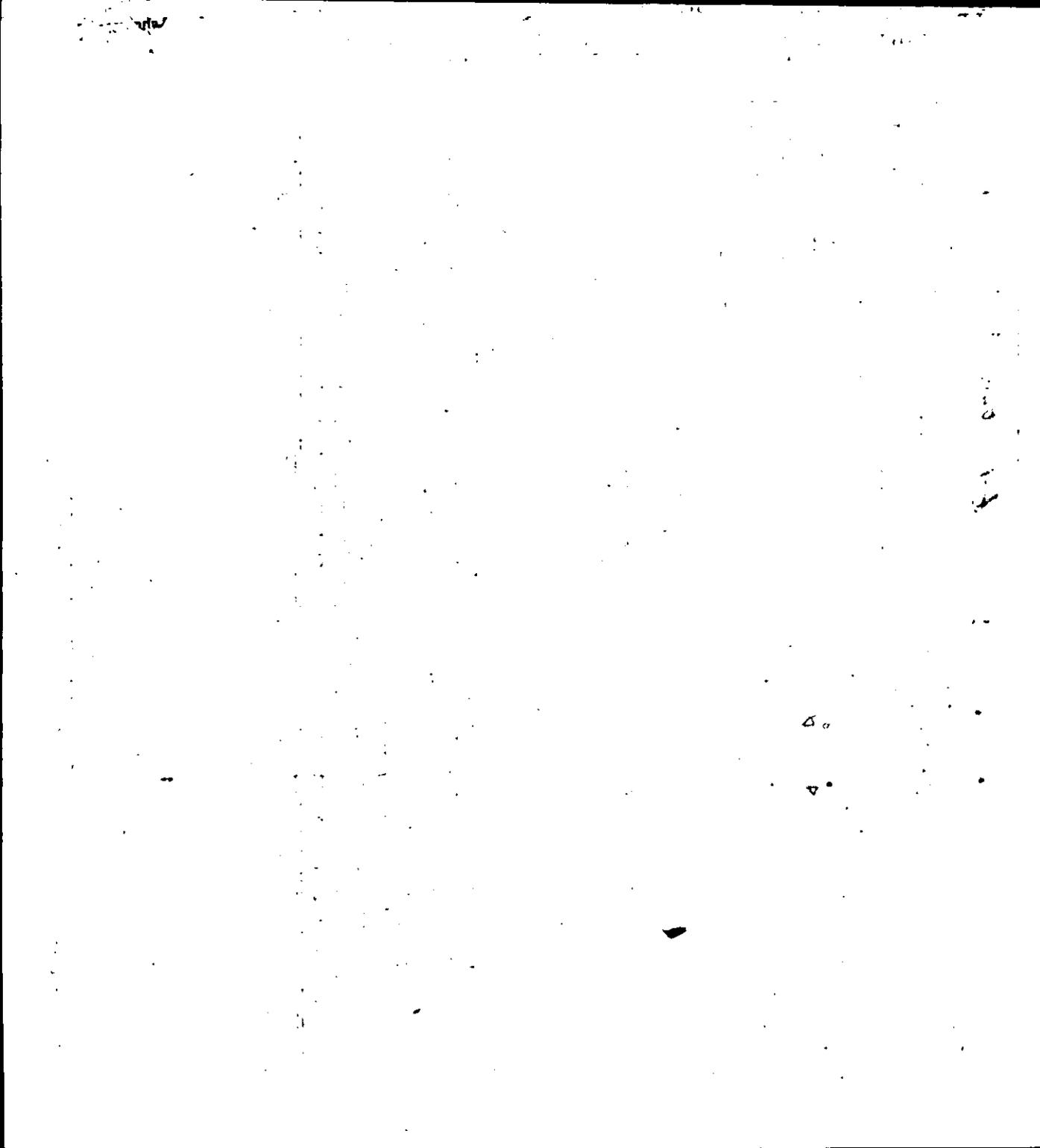
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Virgil O. Erwin M.D.
 (Address) Wellsboro, Mo.

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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Schuyler
Township.....
City..... (No.) St. (Ward)

Registration District No. 802
Primary Registration District No. 6047

File No.
Registered No.

2. FULL NAME

Marilee Green

(a) Residence, No. 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew A. Green</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12 - 1865</u>			
7. AGE YEARS <u>69</u>	MONTHS <u>7</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....	
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).....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Mich 20 1884 to Oct 1st 1934, 1934
I last saw her alive on Oct 1st 1924. Death is said to have occurred on the date stated above, at 4:30 P.M. m.
The principal cause of death and related causes of importance were as follows:
Pericarditis
arteriosclerosis
arteriosclerosis
Date of onset

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) Katheryn Cobb M.D.
(Address) Willmuthville

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

13. NAME Gas R. Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Mary Decker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Verly Green (ADDRESS) Willmuthville

18. BURIAL, CREMATION, OR REMOVAL Willmuthville PLACE DATE 10/8 1934

19. UNDERTAKER F. R. Casley (ADDRESS) Willmuthville

20. FILED Oct 6 1934 W. B. Smith Registrar

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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