DEC 30 1935

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

Do not use this space.

4746

File No. 39604

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. ?

Township ~~Kaw~~ — Primary Registration District No.

City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME Richard E. Ervin

(a) Residence, No. 528 Indiana 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	0 mo	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Handler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K.C. Terminal

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) Ky

FATHER

13. NAME William Ervin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Birtley Ervin 528 Indiana, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bevier, Mo. DATE Dec. 15-35, 19

19. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED 12-14, 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Automobile Traumatism, 19, to, 19

I last saw h alive on 5 48 19 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:

Automobile Traumatism

Fracture of the pelvis

Fracture of femur

Date of onset

Other contributory causes of importance: Pedestrian

210 M

200

Name of operation Autopsy 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? Accident Date of injury 12/12/35

Where did injury occur? Independent Benton Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]