

JUN 27 1936

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

Do not use this space.

21779

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No.) St. Ward

File No. _____
Registered No. 153

2. FULL NAME Willard H. Erlenius

(a) Residence, No. State Hospital # 3 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 3 14

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. farming
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) W. Va.

13. NAME Ebenezer Erlenius

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

15. MAIDEN NAME Lidia Payne

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

17. INFORMANT Mrs. Glendon Peters, 252 #11
(ADDRESS) Wasson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE May 23, 1936

19. UNDERTAKER Allen & H. H. Hays
(ADDRESS) Marion, Mo.

20. FILED May 23, 1936 M. Beckinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to May 22, 1936

I last saw him alive on May 6, 1936. Death is said to have occurred on the date stated above, at 4:12 P.M.

The principal cause of death and related causes of importance were as follows:

Sclerosis of coronary artery Date of onset ?

Other contributory causes of importance: Cardiac Angina Pectoris

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

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) T. T. O. Delf M. D.

(Address) Wavada, 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.

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