NOV 16 1936

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

Do not use this space.

37850

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 850 W- 53rd Terrace Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. [illegible]
Registered No.

2. FULL NAME John Swayne Erwin
(a) Residence, No. 850 W- 53rd Terrace Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary D Erwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-5-1861

7. AGE YEARS 75 MONTHS 5 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O. Clerk
10. Date deceased last worked at this occupation (month and year) 8 yrs ago
11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

FATHER
13. NAME John Stewart Erwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier Co W Virginia

MOTHER
15. MAIDEN NAME Elizabeth Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

17. INFORMANT (ADDRESS) Mrs E M. Calhoun 5433 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash DATE Oct-27 1936

19. UNDERTAKER (ADDRESS) Owen Comers Sons Kansas City - Mo

20. FILED 10/26 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to Oct 25, 1936
I last saw him alive on Oct 25, 1936 Death is said to have occurred on the date stated above, at 5 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 22 1936

Other contributory causes of importance:
arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. Luc Cormick, M. D.
(Address) 2602 East 15 Kansas City 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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