AUG 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Platte
Township:
City: Edgerton (No. , St. Ward)

Registration District No. 693
Primary Registration District No. 4415

File No. 28109
Registered No.

2. FULL NAME: William Henry Gwin

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora Bledsoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/8/64

7. AGE: Years 72 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sawmill Operator
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): Platte County Missouri

FATHER
13. NAME: Elisha Gwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Agnes Masoner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Mrs. Cora Gwin
(ADDRESS) Edgerton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Mill Cem. DATE 7/7/37, 19

19. UNDERTAKER: Rollins Mortuary
(ADDRESS) Edgerton, Mo.

20. FILED 7/28, 1937 Vivian R. Nash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, 19, to July 6, 1937, 19
I last saw him alive on July 6, 1937, 19. Death is said to have occurred on the date stated above, at 11 40 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemmorrhage	July 4, 1937.

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? no
If so, specify.
(Signed) Walter S. Ford, M. D.
(Address) Edgerton, Missouri

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.