REC'D JUN 8 1938

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

Do not use this space.

19157

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 150

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. 209 East Walnut St. Ward)

2. FULL NAME William A. Erskine 605

(a) Residence, No. 209 East Walnut 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. 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian May Erskine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	6	27	

OCCUPATION

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

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) St. Charles Mo. 0

FATHER

13. NAME Andrew Jackson Erskine 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown 9

MOTHER

15. MAIDEN NAME Taylor

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

17. INFORMANT (ADDRESS) Mrs. W. A. Erskine Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Herman DATE May 13, 1938

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED May 12 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 11, 1938

I last saw him alive on May 11, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

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

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Arteriosclerosis

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) [signature], M. D.

604 (Address) [illegible]

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.