

DEC 12 1939

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

40567
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 707
(b) Township East Looney Primary Registration District No. 4-9-36 Registered No. 13
(c) Near Morrisville. (d) Street No. Home of Sister Mrs. Mae Phillips. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Jennings Erwin

(a) Residence, No. Near Willard, Missouri. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Sarah Erwin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1897
7. AGE YEARS 42 MONTHS 0 DAYS 21 If LESS than 1 day,hra. ormin.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Manual Laborer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Missouri.

FATHER
13. NAME John T. Erwin

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

MOTHER
15. MAIDEN NAME Nancy Jane Graves

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

17. INFORMANT (ADDRESS) Mrs Sarah Erwin
Route # 2, Willard, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton, Mo. DATE Nov. 28, 1939
Willard B. Erwin Funeral Home

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pleasant Hope, Missouri.

20. FILED Nov 28 19 39 Miss Hattie M. Taylor
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1939 to Nov 26 1939
I last saw her alive on Nov 26 1939 Death is said to have occurred on the date stated above, at 6:20 P.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis
Other contributory causes of importance: Hypertension

Date of onset Nov. 20

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 Boyle
(Signed) Boylan M. D.
(Address) no

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.

MAK 28 1948

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1630

Date Filed 12-4-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

July Juster

Registered Apprentice No. 191

working under my personal supervision.

Signed *Richard B. Edwin*

Licensed Embalmer No. 3092

P. O. Address *Balmar MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.