

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

Do not use this space.

7625

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City _____ (No. 117) So Henderson St. _____ Ward _____

2. FULL NAME

Linder Gene Erwin
 (a) Residence, No. 117 So Henderson (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 _____ 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Cape Girardeau Mo

13. NAME Louis Erwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills Mo

15. MAIDEN NAME Burneth Nannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills Mo

17. INFORMANT (ADDRESS) Louis Erwin 117 So Henderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Interment DATE 3-14 32

19. UNDERTAKER (ADDRESS) Dr. J. H. Howell Cape Girardeau Mo

20. FILED 3/14 1932 W. C. Kaepler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1932 to 3-12 1932

I last saw him alive on 3-12 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.

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

Broncho-pneumonia (Primary) Date of onset 3-10-32
1:70 10:40
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) George H. Baker, M. D.
 (Address) Cape Girardeau Mo

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.

APR 25 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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