

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

Do not use this space.

1. PLACE OF DEATH **NOV 7 1936**

County **Barry**

Registration District No. **37**

File No. **36607**

Township **Washburn**

Primary Registration District No. **5053**

Registered No.

City (No.) St. Ward)

2. FULL NAME **Samuel E. Erwin**

(a) Residence, No. **P.O. 1, WASHBURN, Mo** 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 **Barbix Erwin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-11-1849**

7. AGE YEARS **87** MONTHS **4** DAYS **16** If LESS than 1 day, hrs. or min.

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

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)

13. NAME **W.S. Erwin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Remond**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Remond**

17. INFORMANT (ADDRESS) **Noel Erwin, EXETER, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **True Love** DATE **10-29** 1936

19. UNDERTAKER (ADDRESS) **Keon Funeral Home, Cassville, Mo.**

20. FILED **7/10** 1936 **Jewell Keller** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-27** 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **10-23** 19**36**, to **10-26** 19**36**

I last saw him alive on **Oct 20** 19**36** Death is said to have occurred on the date stated above, at **4:35** p.m.

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

Hypostatic Pneumonia 2 days
Cardio-Vascular Renal Disease
Senility

Name of operation **None** Date of operation

What test confirmed diagnosis? **Physic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury

Where did injury occur? **no** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **no**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify

(Signed) **Dr. J. G. ...** M. D.
(Address) **Cassville, 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.

