

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

Do not use this space.

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1. PLACE OF DEATH

County Barry
 5 Township Exeter
 City Waynes (No. St. Ward)

Registration District No. 34
 Primary Registration District No. 6239

File No. 1924
 Registered No. 3

2. FULL NAME

(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 81 yrs. 29 mos. 29 da. How long in U. S., if of foreign birth? yrs. mos. da.

William Steward Erwin 650

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Frazer Erwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 29

OCCUPATION 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. Farm
 10. Date deceased last worked at this occupation (month and year) 1-4-38 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynes, Mo.

FATHER 13. NAME Geo. W. C. Erwin

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

MOTHER 15. MAIDEN NAME Harriett Ash

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

17. INFORMANT Sam Erwin (ADDRESS) Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE 1-26-1938

19. UNDERTAKER Barry & Blankenship (ADDRESS) EXETER, MO.

20. FILED Jan 26, 1938 Mrs. H. P. Searey Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1938

22. I HEREBY CERTIFY, that I attended deceased from Apr. 18 to Jan. 17, 1938
 I last saw him alive on Jan. 17, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 1/24/38
 Other contributory causes of importance: Essential Hypertension?

RECEIVED
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1938
 Where did injury occur? None
 Specify whether injury occurred (in industry, in home, or in public place.)
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) Chas. McDaniel
 (Address) Cassville, Mo.

This statement of OCCUPATION is very important.

