

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

Do not use this space.

18639

1. PLACE OF DEATH

County..... **Jasper.**
Township..... **Lincoln.**
City..... **Dudenville, Mo;**

Registration District No. **418**
Primary Registration District No. **5568**
Via **Goldencity, Mo., R.2.**

File No.
Registered No. **19**
St. Ward

2. FULL NAME..... **Virgil C. Erwin.**

(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 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) Married.
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosella Erwin.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov, 14, 1841.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85.	7.	13.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... **Farmer.**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... **Indiana.**
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Andrew Erwin.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Virginia.**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Nancy Jordon.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Virginia;**
(STATE OR COUNTRY)

14. INFORMANT..... **Mrs. Rossella Erwin.**
(Address) **Goldencity, Mo; R.2.**

15. FILED **July 15 1927** **D. A. Hulmes**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June, 27th, 1927**

17. I HEREBY CERTIFY, That I attended deceased from **June 8 - 1927** to **June 25 - 1927** that I last saw him alive on **June 25 - 1927** and that death occurred, on the date stated above, at **4.00 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Cancer.
46B

CONTRIBUTORY (SECONDARY) **44A**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **None**

(Signed)..... **J. W. Hope**..... M. D.

, 19 (Address) **Lockwood Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Dudenville,** **DATE OF BURIAL** **June, 28, 27.**

20. UNDERTAKER **ADDRESS**
Edmund Lockwood, Mo.

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

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.

