Form V. S. No. 11

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Meigs Registration District No. 2877 File No. 35
Township — Primary Registration District No. Registered No.
or Village Middleport No. , St., Ward
or City of
(If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Erwin
(a) Residence. No. Middleport St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 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: Maggie Erwin

6 DATE OF BIRTH (month, day, and year): Aug 18 1832

7 AGE: Years 89 | Months — | Days 7 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Chillicothe O.
(State or country)

PARENTS

10 NAME OF FATHER: Daniel Erwin
11 BIRTHPLACE OF FATHER (city or town): Perry Co. O.
(State or country)
12 MAIDEN NAME OF MOTHER: Mary
13 BIRTHPLACE OF MOTHER (city or town): Waverly O.
(State or country)

14 Informant: Ben Erwin
(Address) Middleport O.

15 Sept 2 1921 Fred M Lasure
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 25 1921

17 I HEREBY CERTIFY, That I attended deceased from Aug 20 1921 to Aug 25 1921
that I last saw him alive on Aug 20 1921
and that death occurred, on the date stated above, at 8 00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis resulting
Uraemic poisoning
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? General symptoms

(Signed) Wm E. Scott M. D.
Aug 27. 1921 (Address) Pomeroy

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Hill Crest Middleport | DATE OF BURIAL: Aug 28 1921

20 UNDERTAKER, License No. 928 E. LeDe Maine and Co. | ADDRESS: Middleport