

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. \_\_\_\_\_  
 Township Madison Primary Registration District No. \_\_\_\_\_ Registered No. 35  
 or Village Madison No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 or City of \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Erwin  
 (a) Residence. No. Madison St. 3 Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 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

6a 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 \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ 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) Shellico (State or country) W. Va.

10 NAME OF FATHER Daniel Erwin

11 BIRTHPLACE OF FATHER (city or town) Waverly (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) Waverly (State or country) W. Va.

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 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  
in uremic 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 autopsy  
 (Signed) Wm J. Scott M. D.  
Aug 27 1921 (Address) Pomeroy

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant Ben Erwin  
 (Address) Madison, W. Va.

15 Sept 2 1921 Fred M. Brown REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Home DATE OF BURIAL Aug 25 1921  
 UNDERTAKER, License No. 9282 ADDRESS Wm J. Scott & Co. Madison, W. Va.

*Handwritten notes:* 130  
1920-50