MAY 27 1931

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.

12015

Do not use this space.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18868

1. PLACE OF DEATH

80 County Pettis Registration District No. 668 File No.

4 Township Primary Registration District No. 3035 Registered No. 149

City Sedalia (No. Bothwell Hosp St. Ward)

2. FULL NAME Georgia Isabelle Allcorn

(a) Residence, No. 820 W 3rd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	MEDICAL CERTIFICATE OF DEATH
3. SEX F	21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1931
4. COLOR OR RACE White	22. I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 6, 1931
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	I last saw her alive on May 6, 1931. Death is said to have occurred on the date stated above, at 10 P. m.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Allcorn	The principal cause of death and related causes of importance were as follows: Paralytic Ileus & Acute Dilatation Stomach following operation for removal of Dermoid Cyst & Carcinoma Left Ovary — Date of onset April 28 1931
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1880	Other contributory causes of importance: 49
7. AGE Years 50 Months 6 Days 1. If LESS than 1 day, ...hrs. or ...min.	Name of operation Removal of Ovarian Tumor Date of April 28 31
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	What test confirmed diagnosis? Laboratory [illegible] Was there an autopsy? No
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	23. If death was due to external causes (violence), fill in also the following:
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Accident, suicide, or homicide? Date of injury, 19
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo	Where did injury occur? (Specify city or town, county, and State)
13. NAME (FATHER) Geo Stein	Specify whether injury occurred in industry, in home, or in public place.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio	Manner of injury
15. MAIDEN NAME (MOTHER) Francis Stadler	Nature of injury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa	24. Was disease or injury in any way related to occupation of deceased? No
17. INFORMANT W M Allcorn (ADDRESS) Sedalia	If so, specify X
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 5-8 1931	(Signed) W. G. Beckemeier, M. D.
19. UNDERTAKER Gillespie (ADDRESS) Sedalia Mo	(Address) Sedalia Mo
20. FILED 5-16 1931 J. G. Love Registrar.	

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